



## GIFT CERTIFICATE ORDER FORM

### Purchaser's Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Gift Certificate Information

Dollar Amt \_\_\_\_\_

### Recipient Information

Name \_\_\_\_\_

Is gift certificate to be mailed directly to recipient? Yes No

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Credit Card Information

VISA      MASTERCARD      AMEX      DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

### Please send completed form to:

Artpark Gift Certificates  
450 South 4<sup>th</sup> Street  
Lewiston, NY 14092