

HEADQUARTERS

Gift Card Purchase Form

FIRST AND LAST NAME OF PURCHASER _____

PHONE NUMBER OF PURCHASER _____

ADDRESS OF PURCHASER (IF APPLICABLE) _____

MAIL OUT PICK-UP

FIRST AND LAST NAME OF CARD RECIPIENT _____

PHONE NUMBER OF RECIPIENT _____

ADDRESS OF RECIPIENT (IF APPLICABLE) _____

YOUR GIFT » VALUE \$ ____ . ____ OR SERVICE/PACKAGE _____

VISA OR MASTERCARD

CARD NUMBER _____ / _____ / _____ / _____

EXPIRY DATE ____ / ____

RECEIPT MAILED TO PURCHASER

CARDHOLDERS SIGNATURE _____

FAX TO 780.464.4317

Headquarters Salon & Day Spa

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