

CRANBERRY MALL GIFT CARD ORDER FORM

DATE _____

COMPANY NAME: _____

ADDRESS _____

PHONE _____

FAX _____

GIFT CARDS:

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

QUANTITY _____ \$ _____

TOTAL _____ \$ _____

PAYING BY: _____

CASH: _____

*CHECK: _____

CREDIT CARD: _____

(MasterCard, Visa, Discover)

*PLEASE MAKE CHECK PAYABLE TO:

CRANBERRY MALL

DATE OF PICKUP: _____

MAIL TO:

CRANBERRY MALL MGMT OFFICE

ATTN: DARA NOTTINGHAM

6945 US 322

CRANBERRY PA 16319

814.676.3406, X. 100

OR FAX TO: 814.677.3718