

# Gift Card Order Form



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Gift card amount = \$ \_\_\_\_\_ Number of Gift Cards \_\_\_\_\_

Add **\$9.00** if you want the card mailed (certified mail)

Form of Payment: Check (payable to WMMP)

Credit Card orders will be charged a 4% processing fee: Visa Mastercard Discover American Express

# \_\_\_\_\_ Expiration \_\_\_\_\_

3-Digit Code \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Please return this form with payment (*checks payable*) to:

WMMP

P.O. Box 1002,

Barre, VT 05641

E-mail: [media@actour.com](mailto:media@actour.com)