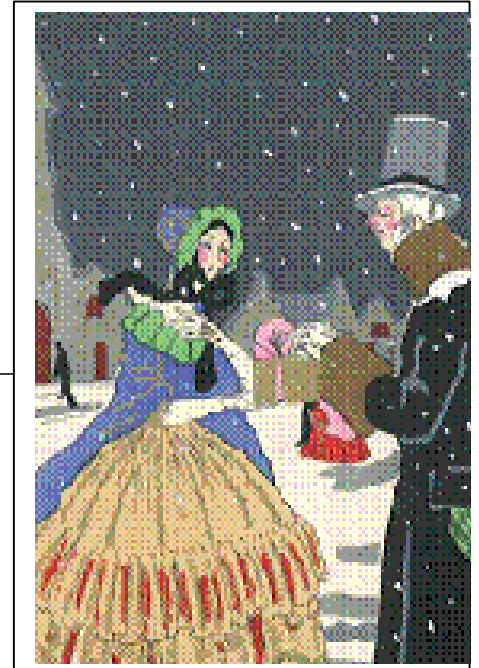


# Holiday Gift Certificate Form 2009

**JUDY VANDERBECK, CMT**  
Professional Massage Therapy Since 1995  
**(412) 362-9084**    [www.judyvanderbeck.com](http://www.judyvanderbeck.com)



Stressed out This Holiday Season? Searching for Gift Ideas?  
*HOW ABOUT A MASSAGE!*

**Holiday Gift Certificates Are Now Available!**  
Treat Yourself or A Friend.

**Holiday Discounted Rates Valid Through 12/31/2009**

Visit [www.judyvanderbeck.com](http://www.judyvanderbeck.com) for non-holiday package rates.

30 min. Regular Rate = \$45.00 each – Save \$ 5.00 for every two.

60 min. Regular Rate = \$70.00 each – Save \$10.00 for every two.

90 min. Regular Rate = \$95.00 each – Save \$10.00 for every two.

**If post marked by Dec. 10 receive an extra \$5.00 off your total order.**

Sessions are available throughout the holidays.

☞ Massage Therapy    ☞ Foot Reflexology    ☞ Healing Touch Therapy

Gift certificates with a holiday border will be sent unless otherwise specified.

ORDER : \_\_\_\_\_ SEND BY: \_\_\_\_\_.

PURCHASER:

**\* Indicates Info. that MUST be Included otherwise your order will not be fulfilled.**

\* Name \_\_\_\_\_

\* Address \_\_\_\_\_

\* Phone (    ) \_\_\_\_\_ (    ) \_\_\_\_\_.

METHOD OF PAYMENT:

Please enclose your check payable to **Vanderbeck Massage Therapy**

Credit Card Type Visa MC Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\* Billing Address of Card \_\_\_\_\_ Zip \_\_\_\_\_.

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

Mail your order and payment to: **Vanderbeck Massage Therapy** 5830 Ellsworth Ave., Suite 301 Pgh, PA 15232.

All Gift Certificates eligible for redemption after full payment is received.

*Type of session can be determined at time of scheduling.*

CHOOSE A BACKGROUND IMAGE FOR EACH RECIPIENT:

If no selection - Generic with no image will be sent.

Balloons Champagne Flowers Graduate Hat Hearts Rings

RECIPIENT 1:

\* Recipient Name \_\_\_\_\_

Address \_\_\_\_\_

\* Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

|                         |                                |                  |
|-------------------------|--------------------------------|------------------|
| SEND TO PURCHASER _____ | SEND TO RECIPIENT _____        | (add address)    |
| 30 min _____ \$45.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 60 min _____ \$70.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 90 min _____ \$95.00    | NO OF 30 ,Min. SESSIONS: _____ | = Subtotal _____ |

Gift Certificate design(s) \_\_\_\_\_

RECIPIENT 2:

\* Recipient Name \_\_\_\_\_

Address \_\_\_\_\_

\* Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

|                         |                                |                  |
|-------------------------|--------------------------------|------------------|
| SEND TO PURCHASER _____ | SEND TO RECIPIENT _____        | (add address)    |
| 30 min _____ \$45.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 60 min _____ \$70.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 90 min _____ \$95.00    | NO OF 30 ,Min. SESSIONS: _____ | = Subtotal _____ |

Gift Certificate design(s) \_\_\_\_\_

RECIPIENT 3:

\* Recipient Name \_\_\_\_\_

Address \_\_\_\_\_

\* Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

|                         |                                |                  |
|-------------------------|--------------------------------|------------------|
| SEND TO PURCHASER _____ | SEND TO RECIPIENT _____        | (add address)    |
| 30 min _____ \$45.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 60 min _____ \$70.00    | NO OF 30 ,Min. SESSIONS: _____ |                  |
| 90 min _____ \$95.00    | NO OF 30 ,Min. SESSIONS: _____ | = Subtotal _____ |

Gift Certificate design(s) \_\_\_\_\_

(Transfer Grand total to **Total Amount Due** - Front page ADD SUBTOTALS) **GRAND TOTAL** \_\_\_\_\_.