

# Holiday Gift Certificate Form 2010

**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 12/31/2010**

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

30 min. Regular Rate = \$45.00 each – Get 2 for \$85.00 – Save \$ 5.00 for every two.

60 min. Regular Rate = \$70.00 each – Get 2 for \$130.00 – Save \$10.00 for every two.

90 min. Regular Rate = \$95.00 each – Get 2 for \$180.00 – Save \$10.00 for every two.

Sessions are available around the holidays.

☞ Massage Therapy ☞ Foot Reflexology ☞ Healing Touch Therapy

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

ORDER DATE: \_\_\_\_\_

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, LLC**

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, LLC** 815 Copeland Way Suite 3, 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 – the Holiday Border certificate will be sent.

1. Holiday Candy Cane Border with Stocking or 2. Menorah

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** \_\_\_\_\_.