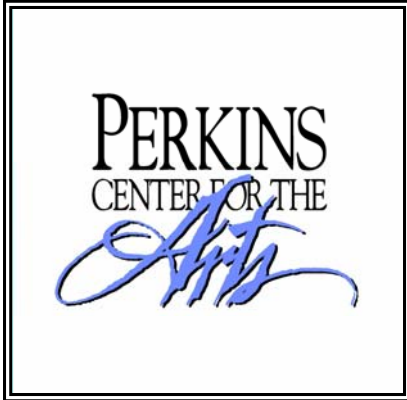


GIFT CERTIFICATE FORM



Date _____

Name of Purchaser _____

Address: _____

City _____ State _____ Zip Code: _____

Phone _____ Alt. Phone _____

E-Mail Address: _____

GIFT CERTIFICATE PURCHASED FOR:

NAME: _____

SPECIFIC ITEM (OPTIONAL) _____

COMMENTS: _____

AMOUNT OF GIFT CERTIFICATE \$ _____

I WOULD LIKE TO OFFER A DONATION TO PERKINS CENTER \$ _____

GRAND TOTAL \$ _____

FORM OF PAYMENT

Please Check One Check # _____ Visa _____ MasterCard _____ Amex _____ Discover Card _____

Card # _____ Expiration Date _____ SC# _____

Name on Card _____

MAIL GIFT CERTIFICATE FORM WITH PAYMENT TO:

PERKINS CENTER FOR THE ARTS, 395 KINGS HIGHWAY, MOORESTOWN, NJ 08057

Upon payment, Gift Certificates and receipt will be sent to you by mail. If you do not receive confirmation within 5 business days, please call the Perkins Center at (856) 235-6488 or e-mail us at create@perkinscenter.org.