



MORRISTOWN PARTNERSHIP

14 Maple Avenue, Suite 201 • Morristown, NJ 07960 • (973) 455-1133 • fax (973) 455-1147
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MORRISTOWN PARTNERSHIP GIFT CERTIFICATE ORDER FORM

BILLING ADDRESS

MAILING ADDRESS

_____ (Indicate with an X if same as mailing address)

Date: _____

Date: _____

Name: _____

Name: _____

Street: _____

Street: _____

Town: _____ State: _____ Zip: _____

Town: _____ State: _____ Zip: _____

Phone: (_____) _____

Phone: (_____) _____

Fax: (_____) _____

Fax: (_____) _____

FOR PICK UP AT THE MORRISTOWN PARTNERSHIP (Monday – Friday, 9am-5pm)

Date: _____

Time: _____

CREDIT CARD RELEASE FORM

Note: Gift Certificates will only be issued in denominations of \$50.00 or lower. It is up to the individual business' discretion how any change on the total sum is due (cash or store credit).

The Morristown Partnership will issue and mail _____ (#) gift certificate(s) at \$ _____ each for a total of \$ _____, to be charged to VISA / MasterCard (Circle One).

Credit Card #: _____ CVV2#: _____

Expiration date: ____/____ upon receipt of this release form.

I understand the Morristown Partnership will not be held liable for the loss of the gift certificate.

Signature

Date

Thank you for supporting our Gift Certificate Program.