



GIFT CERTIFICATE PROGRAM CORPORATE ORDER FORM

Company Name _____ Date _____

Contact Name _____

Street Address _____ City/State/Zip _____

Phone Number(s) _____ Fax Number _____

Person Picking Up Order _____ Contact Number _____

NOTE: For your protection, a picture ID is required for pick-up of gift certificates. We are not able to mail gift certificates due to their cash value.

Please make check payable to: **PEARLRIDGE CENTER ASSOCIATION**

Denomination		Quantity
\$25	X	_____
Total \$ Amount		_____
Total of Envelopes		_____

(For Office Use)
Receipt of Check: _____ Date: _____
Check # _____ Check Amount \$ _____
Deposited by: _____ Date: _____
DUE DATE: _____

We will process your order as quickly as possible. Please allow a minimum of 15 working days turn-around time from the time we receive your order. PLEASE MAIL COMPLETED CORPORATE ORDER FORM ALONG WITH CHECK PAYMENT TO:

**Pearlridge Center • Gift Certificate Corporate Program • 98-1005 Moanalua Road, Suite 231
Aiea • Hawaii • 96701**

GIFT CERTIFICATE PICK-UP (For office use)

Name of Recipient (please print): _____ Date: _____

ID #: _____ Expiration Date: _____

Signature of Recipient: _____ Witness: _____

Special instructions: _____