

# MYSTIC MUSEUM OF ART

## GIFT CERTIFICATE FORM

Certificate # \_\_\_\_\_

### \*BUYER'S INFORMATION

\*Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

(Optional - to be added to e-blast list)

Phone \_\_\_\_\_

### \*RECIPIENT'S INFORMATION

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

(Optional - to be added to e-blast list)

Phone \_\_\_\_\_

\*required

Total Charge \$ \_\_\_\_\_

### PAYMENT (must be made at time of purchase)

Credit Card (All major CCs accepted)

Cash

Check (made payable to Mystic Museum of Art)

Name (as it appears on card) \_\_\_\_\_

Card # \_\_\_\_\_

Card Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

For staff use only:

Data Entry date/init. \_\_\_\_\_

Approval Code: \_\_\_\_\_

**Note to Staff: The Gift Certificate matching the certificate number (at top) on this form may be given to purchaser or recipient once this form is completed and paid for. TURN THIS FORM IN TO EDUCATION STAFF WITH PAYMENT ATTACHED.**