

GIFT CARD ORDER FORM

Please submit completed form via email:
skin@chameleon-papillon.com

Gift Purchaser Information (Please print)
Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____
Email: _____

Gift Recipient Information (Please print)
To: _____ From: _____
Your message:

Pickup/Delivery (Please print)
Pick up from Chameleon & Papillon? Yes: _____ No: _____
If no, please provide an address for delivery. Delivery charge applies.
Delivery Address: _____
City: _____ Province: _____ Postal Code: _____

Gift Card Information Choose from the options below
 SPECIFIC TREATMENT, please list: _____
 DOLLAR VALUE, please note dollar value: _____

Credit Card Information
 VISA Mastercard Expiry Date: _____
Credit Card Number: _____
Name on Credit Card: _____
Signature of Cardholder: _____