

ST. TERESA



Gift Certificate Order Form

- Please complete this order form and mail with payment to the address below.
- We will notify you after we received and completed your order.
- Gift certificate(s) will be mailed within 1-2 business days after your order is processed.

• **Mailing address: 1920 Hollister, Houston TX 77080**

Acupuncture Wellness Clinic

Contact us: 713-922-3474 , email: stteresaclinic@att.net

Thank you for your order.

Please print clearly.

<p>Sender's information:</p> <p>First name: _____</p> <p>Last name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Payment Method:</p> <p><input type="checkbox"/> Check – please make payable to St. Teresa Acupuncture.</p> <p><input type="checkbox"/> Credit Card</p> <p>Billing information same as above <input type="checkbox"/></p> <p>Name on card: _____</p> <p>Billing address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Credit card number: _____</p> <p>CSC number: _____ Expire date: _____</p>	<p>Recipient 2: Name _____</p> <p>Gift amount:</p> <p>Acupuncture <input type="checkbox"/>\$35 <input type="checkbox"/>\$70 <input type="checkbox"/>\$105 <input type="checkbox"/>\$140 <input type="checkbox"/>\$175 <input type="checkbox"/>\$210</p> <p>Quit smoking treatment package <input type="checkbox"/>\$70 <input type="checkbox"/>\$399</p> <p>Delivery: <input type="checkbox"/>Mail to sender <input type="checkbox"/>Mail to recipient</p> <p><input type="checkbox"/>Other _____</p> <p>Recipient's address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Special instruction: _____</p>
<p>Recipient 1: Name _____</p> <p>Gift amount:</p> <p>Acupuncture <input type="checkbox"/>\$35 <input type="checkbox"/>\$70 <input type="checkbox"/>\$105 <input type="checkbox"/>\$140 <input type="checkbox"/>\$175 <input type="checkbox"/>\$210</p> <p>Quit smoking treatment package <input type="checkbox"/>\$70 <input type="checkbox"/>\$399</p> <p>Delivery: <input type="checkbox"/>Mail to sender <input type="checkbox"/>Mail to recipient</p> <p><input type="checkbox"/>Other _____</p> <p>Recipient's address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Special instruction: _____</p>	<p>Recipient 3: Name _____</p> <p>Gift amount:</p> <p>Acupuncture <input type="checkbox"/>\$35 <input type="checkbox"/>\$70 <input type="checkbox"/>\$105 <input type="checkbox"/>\$140 <input type="checkbox"/>\$175 <input type="checkbox"/>\$210</p> <p>Quit smoking treatment package <input type="checkbox"/>\$70 <input type="checkbox"/>\$399</p> <p>Delivery: <input type="checkbox"/>Mail to sender <input type="checkbox"/>Mail to recipient</p> <p><input type="checkbox"/>Other _____</p> <p>Recipient's address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Special instruction: _____</p>
	<p>Recipient 4: Name _____</p> <p>Gift amount:</p> <p>Acupuncture <input type="checkbox"/>\$35 <input type="checkbox"/>\$70 <input type="checkbox"/>\$105 <input type="checkbox"/>\$140 <input type="checkbox"/>\$175 <input type="checkbox"/>\$210</p> <p>Quit smoking treatment package <input type="checkbox"/>\$70 <input type="checkbox"/>\$399</p> <p>Delivery: <input type="checkbox"/>Mail to sender <input type="checkbox"/>Mail to recipient</p> <p><input type="checkbox"/>Other _____</p> <p>Recipient's address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Special instruction: _____</p>

Purchaser's Copy

Gift Certificate Policy:

- Gift certificates must be presented at the time of service.
- Gift certificates are non-refundable once they are mailed out.
- Gift certificates are not redeemable for cash. Can be exchanged for other services or products.
- Gift certificates expire one year after the date of purchase.

Please contact us if you have any questions:

Tel: 713-922-3474

Email: stteresaclinic@att.net