



GIFT CARD ORDER

PLEASE PRINT CLEARLY. ONE FORM PER GIFT

PLEASE FAX YOUR ORDER TO (306) 586-1763

OR MAIL TO CHAKARI SPA

SUITE 111 1802 VICTORIA AVE E., REGINA, SK S4N 7R9

...The Sanctuary You Seek...

ORDERS BY FAX OR MAIL ONLY

PURCHASER:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Fax: (_____) _____ Email: _____

CREDIT CARD PAYMENT METHOD:

(PLEASE CIRCLE) VISA MASTERCARD

CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____ DATE: _____

IMPORTANT: The Gift Card will be rendered invalid if for some reason your credit card purchase is not approved and if attempts to contact you at the provided phone numbers is not possible after several attempts.

RECIPIENT:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Fax: (_____) _____ Email: _____

WHAT WOULD YOU LIKE TO PURCHASE?

1. FLAT AMOUNT \$ _____ (This allows the recipient to choose the service)

2. SERVICE(S) _____

SHIPPING & HANDLING:

Each gift card includes gift box, spa brochure, product sample(s) and promotional item(s).

Would you like the gift card shipped directly to the recipient at the above noted address: **Yes No?** (Circle one)

Method of Shipping (Circle one): Mail: \$10.00 Priority Post: \$15.00

Message to be written on card: _____