## **PEDALPUB TWIN CITIES**

## **GIFT CERTIFICATE FORM**

PURCHASER INFORMATION – Please Print

Contact Name:	Name: (as it appears on credit card)			
Phone Number:				· · · · · · · · · · · · · · · · · · ·
Email Address:				
Mailing Address:				
City		State	Zip	
Company Name (if applica	ble)			
How did you learn about P	edalPub Twin Cities?_			
Payment Type: Visa	MasterCard	American Express	Discover	
CC Number:				-
Expiration Date:	CSV #_	(3 digits on	back. For AmEx, 4 digits or	rfront)
Amount of Gift Certificate				_
	•	-	ertificates can be purchase ave an expiration date on i	•
Gift TO:				-
(ex. Recipient nam	e if you know it, cont	est winner, auction winn	er, etc.)	
Gift FROM:				
(May be an individ	ual or organization)			
Please send my certificate	via:			
Email	Snail Mail	(this option incl	ludes brochures for display	<b>'</b> )
Address to send to if differ	ent from above:			