



Please print this document, fill out the information below and fax to 781-639-8582.

You may also mail this form to:

Marblehead Chamber of Commerce, 62 Pleasant St., Marblehead, MA 01945

Credit Card Information

Credit Card Type: ___ MasterCard ___ Visa ___ American Express

Credit Card Number: _____ Expiration date: _____

Name on Card: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone Number: _____

Gift Certificates available in denominations of **\$10, \$25, or \$50**

Quantity	Denomination
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Add \$3 charge for shipping & handing. Free shipping on orders of \$100 or more.

Total Amount due: \$ _____

Ship Gift Certificates to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about the Marblehead Gift Certificate program? _____

Authorization

I hereby authorize the Marblehead Chamber of Commerce to charge the amount shown above to the Credit Card specified above. I agree to pay the above credit card charged in accordance with the Card Issuer Agreement.

Cardholder Signature: _____

Date: _____