

Gift Certificate Request

PURCHASER (from)

Full name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ E-mail: _____

I understand the following terms: gift certificates for one-time use are non-transferable and valid for 12 months from the date of issue. Cash refunds are not available.

Signature

Date

RECIPIENT (to)

Full name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ E-mail: _____

Payment

Amount (\$200 minimum): \$ _____

Check/money order: \$ _____ (payable to the Corcoran College of Art + Design)

Credit Card: Visa MasterCard American Express

Account number

Expiration date

Cardholder's signature

Date

Message to appear on certificate (optional)

