



GIFT CERTIFICATE ORDER FORM

Name of Gift Recipient _____

Gift Amount _____

Total of Purchase _____

Name of Gift Giver _____

Phone Number _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Visa Mastercard Am Ex Discover

Card # _____ Exp. Date _____ CCVN _____

Signature (required for credit card only) _____

*Make checks payable to **Parkway Playhouse***

*Mail to: **PO Box 1432, Burnsville, NC 28714***

Sold by _____ Date _____

Thank you.