

**WE  
KNOW  
YOU**  
love gift cards

## DEVONSHIRE MALL GIFT CARD ORDER FORM

(Please complete required information below)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Number of Gift Cards	Gift Card Value	Total Value
_____ @	_____ =	_____
_____ @	_____ =	_____
_____ @	_____ =	_____
_____ @	_____ =	_____
_____ @	_____ =	_____
_____ @	_____ =	_____
_____ @	_____ =	_____
		TOTAL: \$ _____

Card Pick Up Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_  
(Cash, Debit, Mastercard, Visa and Pre-Approved Cheque Orders).

**Payment must be received at time of pick-up. Please return completed form to the attention of Glenna Pacitti via Fax: 519-966-0910.**

**THANK YOU FOR YOUR BUSINESS!**



**devonshire**mall

devonshiremall.com



Mon - Fri: 9:30am - 9pm • Sat: 9:30am - 6pm • Sun: 11am - 6pm • (519) 966-3100