



Please Print this form, fill out, and fax to:

(608) 253-7648

441 Wisconsin Dells Pkwy. South
P.O. Box 10
Wisconsin Dells, WI 53965
(608) 253-3300

_____ **Dollar Amount (starting at \$ 25.00)**

From: _____

To: _____

Total \$ _____

Mail the gift certificate to:(check one)

RECEIVER

PURCHASER

TO RECEIVER

FULL NAME _____

ADDRESS (if we send direct) _____

CITY, STATE, ZIP _____

FROM PURCHASER

FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Credit Card Information

circle one: Visa / Mastercard / Amex / Diner / Discover

Card Number ____ | ____ | ____ | ____ exp. __/__/____

Print Your Name as it appears on the card

Daytime Phone (____) ____-____

Fax (____) ____-____

Your Name (please print): _____

Thank you !