

WALDHEIM
ALPINESPA

Gift Certificate Order Form

Please return completed form by:
Fax +61 3 6492 1309 or Email: cradlemountain.spa@peppers.com.au

The name of the person the Gift Certificate is TO (Full Name):

The name of the person the Gift Certificate is FROM:

What you would like the Gift Certificate to be FOR (Treatment type OR Dollar value):

How would you like the Gift Certificate to be sent?: (please circle)

Emailed back to you to

Mailed directly to the recipient give
to the recipient yourself

*If you would like the Gift Certificate to be posted via. Australia Post directly to the recipient, please provide their postal address (Note: Please allow up to 10 business days for delivery):

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Card Number: _____ Expiry Date: __/__/__ Card ID Code: ____
(located on the back of your card)

Card holder's signature: _____

Card holders name: _____

Contact Number: _____

Credit Card Type: (please circle)

Visa MasterCard Bankcard Diners American Express