



Gift Card Fax Form

Please fax this form to 415.927.7528

Mail Gift Card to: Recipient's Address Purchaser's Address Pickup at Stellar Spa (48-hour hold only)

1. Date: _____
Recipient Name: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Purchaser Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

3. Gift card value \$ _____ (Gift cards are available for dollar amounts only)
How would you like the following to be written on the gift card card holder:
To: _____
From: _____
Personalization on card (2 lines only) _____

4. Gift box option & shipping (one shipping method must be selected for mailed gift boxes):
a. \$5.00 Gift box (includes gift box, selected samples and brochure)
Choose shipping method for gift box:
Add \$5.95 USPS Priority Mail (2-4 days)
Add \$19.50 USPS Express Mail (1-2 days) **Cut off time is 11:30 a.m.**
b. Standard: Mailed in an envelope with a brochure at no additional charge w/out delivery confirmation.

5. Payment Total: \$ _____
Credit Card Number: _____ Exp. _____
Credit Card Billing Address & Zip Code: _____

Staff use: Gift Card # _____ Mail Pickup
Staff: Date & Initial (who processed order): _____
Date gift card mailed / picked up: _____