|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name | |  | | |
| Contact Person | |  | | |
| Contact Phone | |  | | |
| Contact Email | |  | | |
| Total # of Certificates | |  | Pick Up Date |  |
| Form of Payment: | | CASH or CHECK # \_\_\_\_\_\_\_\_\_\_ | | Total: $ \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | |
| ***Please email complete form to*** [***info@abbycolbychamber.com***](mailto:info@abbycolbychamber.com) ***or drop off the form at Abby City Hall, Colby City Hall, or the Chamber Office at least one week before Pick Up Date. Payment must be received when gift certificates are issued. Thank you!*** | | | | |
| Qty | Amount | Name of the person made out to: | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |

|  |  |  |
| --- | --- | --- |
| Qty | Amount | Name of the person made out to: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |