

AVGEN GIFT CARD ORDER FORM – COMMUNITY LIVING CAMBRIDGE

DATE: _____ NAME: _____

*CLC AREA: _____ PHONE: _____
 *(if applicable)

CARD NAME	DENOMINATON	QUANTITY	TOTAL
EG. LOBLAWS	\$100	2	\$200

FINAL TOTALS: _____ \$ _____
 (# OF GIFT CARDS) (TOTAL OF ORDER)

PLEASE SUBMIT YOUR COMPLETED ORDER FORM – PAYMENT DUE WHEN CARDS ARE PICKED UP
 (DEBIT AVAILABLE BUT NO POST DATED CHEQUE) TO THE ATTENTION OF **DAWN PRICE**
 COMMUNITY LIVING CAMBRIDGE – 160 HESPELER ROAD, CAMBRIDGE, ON N1R 6V7 519-623-7490

AVGEN GIFT CARD ORDER FORM – COMMUNITY LIVING CAMBRIDGE

DATE: _____ NAME: _____

*CLC AREA: _____ PHONE: _____
 *(if applicable)

CARD NAME	DENOMINATON	QUANTITY	TOTAL
EG. LOBLAWS	\$100	2	\$200

FINAL TOTALS: _____ \$ _____
 (# OF GIFT CARDS) (TOTAL OF ORDER)

PLEASE SUBMIT YOUR COMPLETED ORDER FORM – PAYMENT DUE WHEN CARDS ARE PICKED UP
 (DEBIT AVAILABLE, BUT NO POST DATED CHEQUES) TO THE ATTENTION OF **DAWN PRICE**
 COMMUNITY LIVING CAMBRIDGE – 160 HESPELER ROAD, CAMBRIDGE, ON N1R 6V7 519-623-7490