

ORDER FORM FOR A GIFT CERTIFICATE FROM PASCALE'SPA

Fax back at (337) 234-6966

TO: (name of the person or persons you want to give or send the gift to)

First Name:

Last Name:

Address:

City:

State:

Zip Code:

FOR: (name the service(s) or package you want to purchase)

From: (your name)

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Credit Card:

Visa#

Expiration Date:

MasterCard#

Expiration Date:

American Express#

Expiration Date:

Mail to: (if you want PASCALE'SPA to mail this order)

Thank you for your order.