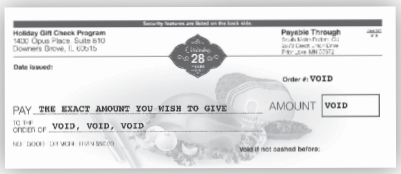
HOLIDAY Gift CHECK PROGRAM ™

# 2016 ORDER FORM

*Send completed form along with full payment to:*
Holiday Gift Check Program 1400 Opus Place #810
Downers Grove, Illinois 60515




**1. Determine Your Number of Checks, Face Value and the "Pay to the Order of" Line:**

| Check Quantity | Face Value (max. $50) | Sub Total | "Pay to the order of" line (check one) |
|---|---|---|---|
| 0 | $ 0.00 | $ | ☐ Blank ☐ "Bearer" ☐ (EXTRA CHARGE) Personalized* |
| 0 | $ 0.00 | $ | ☐ Blank ☐ "Bearer" ☐ Personalized* |
| 0 | $ 0.00 | $ | ☐ Blank ☐ "Bearer" ☐ Personalized* |

**PROMO CODE:** _____

**Total Dollar Value of all Checks Ordered: $** _____

*Personalized checks include the recipients name pre-printed on the 'Pay to the Order of' line. An electronic file (MS Word or Excel only) and a hard copy is required. Do not include titles or departments. Each name should be on one line and cannot be longer than 25 characters, including punctuation and spaces. Names can also be e-mailed to us at: Customer.Service@giftcheckprogram.com. Please include your company name, contact name and phone number in your e-mail.

**2. Determine Your Service Charge:**

Multiply total number of non-personalized checks by $0.90 $ _____
Multiply total number of personalized checks by $1.00 $ _____ } **Total Service Charge: $** _____

For orders of 20 checks or less, the service charge is a flat fee of $18.00 — a per-check service charge does not apply

**3. Determine Your Total Cost:**

Add together. TOTAL DOLLAR VALUE and TOTAL SERVICE CHARGE. **TOTAL COST: $** _____

**4. Include a Check (or money order) payable to "Holiday Gift Check Program" with your order. To pay by credit card, please complete Section 7 below.** **ORDERS CANNOT BE PROCESSED WITHOUT PAYMENT IN FULL.**

**5. Be Sure and Include Your Company's Name on Each Gift Check Stub at No Extra Charge** ☐ *Check here to leave blank.*

To include your company name, use the dashed lines below. Please limit to one line with 28 characters, including punctuation and spaces. Unless otherwise specified, ALL NAMES WILL APPEAR IN CAPITAL LETTERS. This message appears on all gift check stubs:

PLEASE ACCEPT THIS CHECK GOOD TOWARD THE PURCHASE OF ANY BRAND OF TURKEY OR HAM AND OTHER GROCERY ITEMS TO COMPLETE YOUR HOLIDAY MEAL. BEST WISHES TO YOU AND YOUR FAMILY.
*(Name of your company or a donor name will appear here)*

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

**6. Arrival date:**

I need Gift Checks by this date: _____, _____, _____
(specific date required)
(Please allow 3-5 days for processing and standard shipping)

**In a hurry?**

To expedite your order, circle your Overnight Shipping Carrier and include your Account Number below: FedEx or UPS.

(FedEx preferred) _____

**Want to know when your order has shipped?**

Provide your e-mail address for automated shipment notification:

_____

(We will only use your e-mail address for automated shipment notification; it will not be sold or distributed to any third party for solicitation purposes.)

**7. Credit Card Info:** (Note: A 3% convenience fee will be applied to all credit card orders)

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

**8. Ordered by/Billing Address:**

Company Name _____

Street Address _____

City _____ State _____ ZIP _____

Attn.: Name: _____

Title: _____

Phone: _____ ext. _____

Fax: _____

**9. Ship to:** (If different than from above; please no P.O. Boxes)

Company Name _____

Street Address _____

City _____ State _____ ZIP _____

Attn. Name: _____

Phone: _____ ext. _____

**Please note:** A street address is required for all orders.

Unused checks may be returned for a full refund of the face value for up to a year from the date of issue.

**Questions? Please visit us at www.giftcheckprogram.com or call us at (630) 986-5081, Monday – Friday 7:30 a.m. – 5:30 p.m. CST**
**E-mail: customer.service@giftcheckprogram.com**