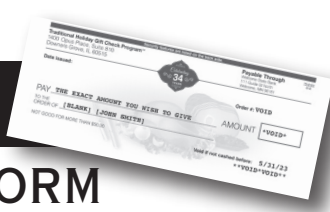




# 2022 ORDER FORM



## SAVE | ORDER TIME | ONLINE



Visit [www.giftcheckprogram.com](http://www.giftcheckprogram.com)

### 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)
	\$	\$	(EXTRA CHARGE) <input type="checkbox"/> Blank <input type="checkbox"/> Personalized*
	\$	\$	<input type="checkbox"/> Blank <input type="checkbox"/> Personalized*
	\$	\$	<input type="checkbox"/> Blank <input type="checkbox"/> Personalized*

- No need to fill out and mail in form
- Simply enter promo code for **instant savings**
- **Fast Same Day** order processing!  
(Pay by invoice, check or credit card)

**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](mailto: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. **PROMO CODE** \_\_\_\_\_ **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 36 characters, including punctuation and spaces. This message appears on all gift check stubs:

PLEASE ACCEPT THIS CHECK GOOD TOWARD THE PURCHASE OF ANY BRAND TURKEY OR HAM OR 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)

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### 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](http://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](mailto:customer.service@giftcheckprogram.com)**

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