



**RETURN FORM**

Please return all original gift checks, along with this completed form, to the address above.

**1. CONTACT INFORMATION:**

COMPANY NAME:	
CONTACT:	
SHIPPING ADDRESS:	
CITY, STATE ZIP:	
PHONE:	
EMAIL:	

**2. REASON FOR RETURN:**

- REPLACEMENT WITH EXTENDED EXPIRATION DATE       REFUND

# OF CHECKS RETURNED:	
FACE VALUE PER CHECK:	

**3. IF REFUND IS SELECTED IN #2, PLEASE CHOOSE PREFERRED PAYMENT METHOD BELOW:  
(REFUND EQUALS THE TOTAL FACE VALUE OF THE CHECKS RETURNED)**

- CHECK       REFUND ORIGINAL CREDIT CARD