



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