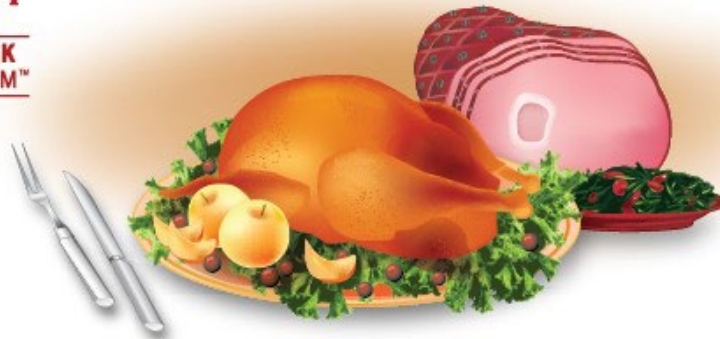




Traditional Holiday Gift Check Program

1400 Opus Place, Suite 810
 Downers Grove, IL 60515
 Phone: (630) 986-5081
 Fax: (630) 390-1146



Visit us at
giftcheckprogram.com

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