

Gift Card Application

Please Print. *Required fields to ensure expedited processing.

PURCHASER INFORMATION

*Your Name (Mr. Mrs. Ms. Dr.) _____

*Address _____

*City _____ State _____ Zip _____

*Daytime Phone (_____) _____

Email Address _____

How did you hear of this:

Onsite E-News Our Website Advertisement Word of Mouth I'm a Member

Another Website _____

Other _____

RECIPIENT INFORMATION

IF YOU WOULD LIKE THE GIFT CARD MAILED TO YOUR RECIPIENT, PLEASE COMPLETE THIS SECTION.

Name (Mr. Mrs. Ms. Dr.) _____

Address _____

City _____ State _____ Zip _____

PAYMENT INFORMATION

GIFT CARD AMOUNT:

\$250 \$100 \$50 \$25 OTHER \$ _____

I have enclosed a check made payable to **Longwood Gardens.**

Please charge my: Visa MasterCard Discover American Express Gift Card

Name _____

Signature _____

Card Number _____

Expiration Date _____ CVC Code _____

Mail To: Longwood Gardens • Central Ticketing • P.O. Box 501 • Kennett Square, PA 19348

