

Wellness Springs

Natural Health Care, Holistic Day Spa and Yoga Studio

Gift Certificate Purchase Form

Purchased by: _____ Date: _____

Address: _____

Phone No.: _____ Email: _____

Credit Card Type (Visa, Master Card, American Express): _____

Credit Card No: _____ Expiration Date: _____ Security Code: _____

Amount of Charge: _____ Name on Credit Card: _____

Purchased for: _____ Date: _____

Address: _____

Phone No.: _____ Email: _____

Where did you hear about Wellness Springs? (Please check one)

<input type="radio"/> Our Sign	<input type="radio"/> Cheese Festival	<input type="radio"/> Marketplace	<input type="radio"/> SpaFinder.com
<input type="radio"/> Our Website	<input type="radio"/> Cromwell Manor	<input type="radio"/> Photo News	<input type="radio"/> Woodbury Day
<input type="radio"/> Yellow Pages	<input type="radio"/> Hudson Valley Magazine	<input type="radio"/> Record	<input type="radio"/> Other-explain below

Please Explain: _____

If this was a referral, please tell us from whom or where: _____

Would you like information on any of the following natural health care or spa services that we offer?

Please check as many as you are interested in.

<input type="radio"/> Chiropractic	<input type="radio"/> Facials/Skin Care	<input type="radio"/> Meditation	<input type="radio"/> Yoga
<input type="radio"/> Acupuncture	<input type="radio"/> Hypnotherapy	<input type="radio"/> Nutrition	<input type="radio"/> Youth Athlete Program
<input type="radio"/> Body Treatments	<input type="radio"/> Massage	<input type="radio"/> Reiki	<input type="radio"/> Bridal Party Packages

Please tell us what type of occasion this gift is for, where you would like it mailed or if you have any other special instructions: _____

Thank you for choosing Wellness Springs. We appreciate your business and will do our very best to help the person who receives this Gift Certificate to feel relaxed, refreshed and renewed!

Please call us with any questions at 845-928-2898