

GIFT CARD PURCHASE:

Name of Purchaser:				
Phone Number:				
Address of Purchaser:				
Who is the gift card being ma	niled to? Purch	aser (circle one)	Recipient	What message do you want in the card?
Name of Recipient:				cara:
Address or Recipient:				
Amount of Purchase:	Dai	te of Purchase:		
DI E A CI			· OD	
PLEAS	E CHOOSE A SH (circle one)		OD	
	Resort is not responsible for the Ses 2Day (2 to 3 Bus Second Business Day	siness Days)	\$2.50 I in the mail. \$40.00	
Federal Expre	ess Standard Overni Next Business Afr	ght	\$60.00	
Federal Expre	ess Priority Overnig Next Business M	ht	\$70.00	
Federal Express	s orders must be placed by 12	2:00 p.m. for pick-up the	same day	
CF	REDIT CARD INI			
American Express	Discover	Mastero	card	Visa
Card Number:		Ex	p. Date:	
	Billing Zip Code:_	S	ecurity Code	:
Card Holder Name:		Phone Numb	er:	
Card Holder Billing Address:	:			
Card Holder Signature:				

To purchase cards, complete this form and fax to the number below.

6321 U.S. Highway 76, Young Harris, GA 30582 (800) 201-3205 Fax: (706) 379-9999 www.brasstownvalley.com