



The Bucks County Children's Museum Gift Certificate Mailing Form

Where will the gift certificate be mailed?

First/Last Name

Street Address

City

State

Zip

Purchaser Information

First/Last Name

Telephone

Gift Certificate Type (check one ONLY)

Bring 4 Membership \$90

Bring 6 Membership \$125

Grandparent Membership \$75

\$8 General Admission for #

Total \$

Message on Gift Certificate

To:

From:

Payment

Please make **checks payable to *The Bucks County Children's Museum***

Check payments should be mailed with form to:

500 Union Square Drive New Hope, PA 18938

Credit Card Payments: Authorization to charge \$ _____ to my credit card.

Credit card number

Visa

MC

Expiration Date

CVC

Discover

Billing Address

City

State

Zip

Credit card payments can be mailed or emailed to info@buckskids.org

Staff:

Initials _____ Date Issued _____ Gift Certificate # _____