



# MORRISTOWN PARTNERSHIP

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## MORRISTOWN PARTNERSHIP GIFT CERTIFICATE ORDER FORM

### BILLING ADDRESS

### MAILING ADDRESS

\_\_\_\_\_ (Indicate with an X if same as mailing address)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

### FOR PICK UP AT THE MORRISTOWN PARTNERSHIP (Monday – Friday, 9am-5pm)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### CREDIT CARD RELEASE FORM

*Note: Gift Certificates will only be issued in denominations of \$50.00 or lower. It is up to the individual business' discretion how any change on the total sum is due (cash or store credit).*

The Morristown Partnership will issue and mail \_\_\_\_\_ (#) gift certificate(s) at \$\_\_\_\_\_ each for a total of \$\_\_\_\_\_, to be charged to VISA / MasterCard (Circle One).

Credit Card #: \_\_\_\_\_ CVV2#: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ upon receipt of this release form.

I understand the Morristown Partnership will not be held liable for the loss of the gift certificate.

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Signature

Date

**Thank you for supporting our Gift Certificate Program.**