



**GIFT CERTIFICATE
ORDER FORM**

DATE _____

AMOUNT _____

The Box Office can issue a gift certificate in any amount.
Please let us know the amount you wish to give.

RECIPIENT INFORMATION [TO]

NAME _____

ADDRESS _____

CITY/ STATE/ ZIP _____

DAY PHONE (if known) (_____) _____

E-MAIL (if known) _____

CUSTOMER INFORMATION [FROM]

NAME _____

ADDRESS _____

CITY/ STATE/ ZIP _____

DAY PHONE (_____) _____

E-MAIL _____

MAIL GIFT CERTIFICATE TO RECIPIENT CUSTOMER

PAYMENT METHOD [SEND ONLY ONE (1) CHECK OR CREDIT CARD NUMBER]

Make CHECK or MONEY ORDER payable to THE BOX OFFICE, or charge:

AMEX VISA # _____ exp. Date _____

MC DSCVR Signature _____

**RETURN THIS ORDER FORM BY MAIL TO:
DSM BOX OFFICE, PO BOX 710336 Dallas, TX 75371, DALLAS, TX 753710**

**OR, IF PAYING BY CHARGE CARD, YOU MAY FAX YOUR ORDER TO:
214-691-7386 (THE BOX OFFICE)**