

GIFT CERTIFICATE ORDER FORM

Amount of Gift Certificate _____

If this is for a specific show, please list it here _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Gift Certificate Recipient Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Special occasion? _____

Gift certificates will be acknowledged to the recipient and to the donor

This form and payment should be mailed to:

The Wilton Playshop, Inc.

P. O. Box 363

Wilton, CT 06897

Thank you for supporting The Wilton Playshop, one of the oldest continuously working community theaters in New England.

Visit us on the web at: www.wiltonplayshop.org