

Gift Certificate Form

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CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-Mail Address: _____

(You will receive CLO updates and special offers)

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GIFT SELECTION

Gift Certificates for Two

	<u># of Certificates:</u>		<u>Price:</u>		<u>Total:</u>
<input type="checkbox"/> Main Floor Seating 2 seats on the Main Floor, <i>Section B and C</i>	_____	x	\$100 =		_____
<input type="checkbox"/> Balcony Seating 2 seats in the <i>Balcony, Section D</i>	_____	x	\$75 =		_____
Gift Certificates for Two Total					= _____

Other Gift Certificates

	<u># of Certificates:</u>		<u>Amount:</u>		<u>Total:</u>
Can be for any denomination	_____	x	_____ =		_____
Other Gift Certificates Total					= _____

Shipping & Handling \$5.00

GRAND TOTAL = _____

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PAYMENT

CHECK:

Check enclosed - payable to Pittsburgh CLO

Mail Completed form to:

Pittsburgh CLO
719 Liberty Avenue
Pittsburgh, PA 15222

CREDIT CARD:

American Express Discover MasterCard Visa

Card Number: _____

Expiration Date: _____

Signature: _____