

Gift Certificate

Registration Form

OFFICE USE ONLY

DATE:

ENTERED BY:

Staple gift certificate stub here.

Gift Certificate Recipient Information

First Name _____ M.I. ____ Last Name _____

Street Address _____

City _____ State ____ Zip _____

Amount of Gift Certificate: \$ _____ Gift Certificate # _____

After the registration is processed, a gift certificate will be (choose one):

- Mailed to gift recipient
 Mailed to payor/ gift giver
 Picked up at The Spruill Education Center

Payor/ Gift Giver Information

First Name _____ M.I. ____ Last Name _____

Street Address _____

If you are paying by credit card, the address & zip code MUST MATCH EXACTLY the billing address for the card.

City _____ State ____ Zip _____ Telephone number: (_____) _____ - _____

Once complete, submit this form to The Spruill Center Registration Office:

MAIL

Spruill Education Center,
Registration Office
5339 Chamblee Dunwoody Road,
Atlanta, GA 30338

FAX

A SIGNED registration form to
770.394.6179, payment by CREDIT
CARD ONLY.

DROP OFF

Room 19 at the Education Center.
Outside office hours, utilize the red and
green, padlocked drop box outside room
19.

Payment Information, I am paying by:

- Check # _____, \$30 fee for returned checks. Do not staple checks
 Cash, do not mail cash

Credit Card:

- VISA Mastercard Discover. We **DO NOT** accept American Express.

IF USING A CREDIT CARD, COMPLETE CARD INFORMATION SECTION BELOW:

Name on card: _____ SIGN HERE * _____

A signature is required for all credit card transactions. Unsigned forms will not be processed.

* The CVV# is the 3 digit code on the back of your credit card used to verify the card holder.

Card Number □□□□-□□□□-□□□□-□□□□ Exp Date □□/□□ CVV# □□□*

* The credit card number will be separated from this form and destroyed once your registration is paid in full and complete.