

# Gift Basket Order Form

## Billing Address

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_

## Gift Shipping Address

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Gift Message

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## To Order

Phone: (815) 997-1197

Fax: (815) 637-0612

Mail:

ATTENTION: Gift Shop  
 318 Spring Creek Road  
 Rockford, IL 61107

Item #	Qty.	Recipient(s) Name	Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Sub Total	_____
			8.25% Sales Tax	_____
			<b>TOTAL</b>	_____

## Method of Delivery

- Pickup       Shipped (credit card required)  
 Delivery by Anderson Japanese Gardens (free local delivery if order exceeds \$100)

My order should be ready for pickup / delivery on: \_\_\_\_\_

## Method of Payment

- Visa       MasterCard       American Express       Discover  
 Check       Gift Card (Number \_\_\_\_\_ )

Credit Card #

Expiration Date:   /        Security Code:

Authorized Signature: \_\_\_\_\_

