

GIFT CERTIFICATE  
The Custom Sewing Institute

Gift Recipient: \_\_\_\_\_

Gift Certificate Purchaser: \_\_\_\_\_

Amount of Gift Certificate: \_\_\_\_\_

Payment method (circle one below):

Visa          Mastercard          Discover          American Express

Name on card: \_\_\_\_\_

Billing address for card: \_\_\_\_\_

City/State/Zip for billing address: \_\_\_\_\_

Purchaser's Phone number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Please mail the gift certificate to **(if different than billing address)**:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comments/questions: \_\_\_\_\_

**FAX COMPLETED FORM TO: 713/695-2492**

Please contact The Custom Sewing Institute at 713/697-4110 or [info@csisews.com](mailto:info@csisews.com) for any questions you may have.

Susan Kostelecky  
The Custom Sewing Institute  
www.csisews.com

\*gift certificates are valid for the amount stated and for three years from date of purchase (date will be listed on certificate)