

# Longwood Gardens<sup>®</sup>

## GIFT CARD APPLICATION

Please Print. \*Required fields to ensure expedited processing.

### PURCHASER INFORMATION

\*Your Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear of this:

Onsite  E-News  Our Website  Advertisement  Word of Mouth  I'm a Member

Another Website \_\_\_\_\_

Other \_\_\_\_\_

### RECIPIENT INFORMATION

IF YOU WOULD LIKE THE GIFT CARD MAILED TO YOUR RECIPIENT, PLEASE COMPLETE THIS SECTION.

Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PAYMENT INFORMATION

#### GIFT CARD AMOUNT:

\$250  \$100  \$50  \$25  OTHER \$ \_\_\_\_\_

I have enclosed a check made payable to **Longwood Gardens**.

Please charge my:  Visa  MasterCard  Discover  American Express  Gift Card

Name \_\_\_\_\_

Signature \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

### IMPORTANT

If no box is checked, gift card will be mailed to the purchaser.

\*SEND GIFT CARD TO:

**RECIPIENT**

**PURCHASER**

Mail To: Longwood Gardens • Central Ticketing • P.O. Box 501 • Kennett Square, PA 19348

#### GENERAL ADMISION PRICING INFORMATION

Adult - \$18

Senior (62+) - \$15

Student (5-18 or older with valid student ID)- \$8

Child (4 and under) - FREE