



Please print this form, complete and send to us.

Bill To:

Name _____

Address _____

City _____ Prov/State _____

Code/Zip _____ Country _____

Daytime Telephone _____

e-mail: _____

Ship To: (if different from billing address)

Name _____

Address _____

City _____ Prov/State _____

Code/Zip _____ Country _____

Daytime Telephone _____

e-mail: _____

Quantity of Gift Certificate(s) _____ x Gift Certificate Value (min.\$50) _____ Sub Total \$ _____

Shipping via Mail (no charge), Express Post-add \$10.00, Priority Courier-add \$20 Shipping \$ _____
(please circle your shipping choice)

Total \$ _____

Method of Payment (circle one) Visa American Express Diners Master Card

Credit Card Number _____ Expiry Date _____

Cardholder's Signature _____ Date _____

Print this form, fill in your address and payment information and send the completed form to us by:

Fax : 1-705-538-1836

Mail: Christie's Mill - Web Orders
The Inn at Christie's Mill
263 Port Severn Road North
Box 125, Port Severn, ON Canada L0K 1S0

Telephone: 1-800-465-9966