



**P.O. Box 907  
Williamson, New York 14589**

**Email:** [president@williamsonchamberofcommerce.com](mailto:president@williamsonchamberofcommerce.com)

**Website:** [www.williamsonchamberofcommerce.com](http://www.williamsonchamberofcommerce.com)

### GiftCheck Order Information

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

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Needed by: \_\_\_\_\_

Please indicate how many GiftChecks are ordered and the amount of each check.

Number of GiftChecks Required	Dollar Amount of each GiftCheck	Total Dollar Amount of GiftChecks Requested
Total Amount of Order		

Fax completed form to: 315-589-2510, Attention: Melinda

***Check or money order for the full amount is expected at time of pickup. No exceptions.***