

# WRA Gift Certificate Order Form



## WISCONSIN RESTAURANT ASSOCIATION

### 3 Ways To Order



Call us at 800.589.3211



Return this form via fax to: 608.270.9960



Mail this form to:  
Wisconsin Restaurant Association  
2801 Fish Hatchery Rd  
Madison, WI 53713

### General Information

#### Standard Shipping:

All orders shipped via USPS after 3 day processing period.

WRA is not liable for any lost or damaged orders. We recommend any of the trackable services listed below if this is a concern.

#### Trackable SHIPPING

- Overnight - \$20
- 2nd Day - \$15
- Ground - \$10
- Cab (Madison Only) - \$15

#### For order totals of \$1000 or more:

Please use the discount table listed below.

#### DISCOUNT CHART

- \$1,000 to \$4,999 = 2.5%
- \$5,000 to \$9,999 = 5%
- \$10,000 to \$14,999 = 7.5%
- \$15,000 and up = 10%

#### CORPORATE LOGOS

Logos must be:

- Black & White or grayscale
- tif, jpg or eps format
- emailed to - ssanders@wirerestaurant.org

Office use only

Name \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

#### Billing Address

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

#### Ship To (if different from Billing) - No P.O. Boxes

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Comments \_\_\_\_\_

Number Purchased \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_

Subtotals \_\_\_\_\_ (# of certificates) \$ \_\_\_\_\_

#### If order total is \$500 or more, see General Information

Percentage Discount if Any (see Discount Chart) \_\_\_\_\_

Subtotal (less discount) \$ \_\_\_\_\_

Fees (\$1.00 service fee per certificate) \$ \_\_\_\_\_

Trackable Shipping? Check here  Add Shipping Fee \$ \_\_\_\_\_

Sales Tax on Shipping \$ \_\_\_\_\_

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

Number of envelopes required: \_\_\_\_\_

Corporate Logo:  Yes  No

(See General Information for Logo details.)

#### Method of Payment

Credit Card Orders:

AMEX  DISC

MC  VISA

Card # \_\_\_\_\_

Exp. Date (mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_

Check here if you would like a credit card receipt.

Cardholder Name \_\_\_\_\_

Check (payable to **Wisconsin Restaurant Association**) ship order upon receipt.

Signature \_\_\_\_\_

Invoice customer - **Corporate orders only** (\$200 minimum). Invoice must be paid in full before certificates will be mailed.