



OFFICE: (401) 846-5474  
FAX: (401) 846-5251  
49 TOURO STREET  
NEWPORT, RHODE ISLAND 02840  
WWW.JANEPICKENS.COM

## ORDER FORM

PAGE 1 OF 2

TO PURCHASE A JANE PICKENS GIFT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION AND FAX IT TO THE JANE PICKENS THEATER OFFICE AT (401) 846-5251. IF YOU WOULD RATHER PURCHASE A GIFT CERTIFICATE BY PHONE PLEASE CALL US AT 401-846-5474.

### PURCHASER/BILLING INFORMATION:

YOUR NAME: \_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### PAYMENT METHOD:

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MONTH/YEAR): \_\_\_\_\_

EXACT NAME ON CARD: \_\_\_\_\_

\*CARD CCV#: \_\_\_\_\_

\*REQUIRED— THE CCV# IS THE LAST 3 OR 4 DIGITS OF THE NUMBER ON (OR AROUND) THE SIGNATURE AREA ON THE BACK OF YOUR CARD. CONTACT YOUR CARD ISSUER IF YOU ARE UNSURE OF YOUR CCV#.



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PAGE 2 OF 2

## GIFT CERTIFICATE DETAILS:

THIS GIFT IS FROM: \_\_\_\_\_

FOR THE AMOUNT OF (\$ = U.S. DOLLARS): \_\_\_\_\_

## PERSON/ADDRESS YOU WOULD LIKE CERTIFICATE MAILED TO:

THIS GIFT IS TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PLEASE LET US KNOW IF YOU WOULD LIKE ANYTHING SPECIFIC WRITTEN ON THE GIFT CERTIFICATE. OR, IF YOU HAVE QUESTIONS OR COMMENTS PLEASE LET US KNOW HERE.

NOTES OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_