

Belle of Louisville & Spirit of Jefferson Gift Certificate Application



NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ ~ _____

E~MAIL ADDRESS: _____

IF YOU WOULD LIKE THE CERTIFICATE SENT TO A DIFFERENT ADDRESS, PLEASE FILL OUT BELOW:

To: _____

FROM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF GIFT CERTIFICATE: _____ \$35.84 LUNCH CRUISE _____ \$44.32 DINNER CRUISE
_____ \$21.00 SIGHTSEEING PER ADULT _____ \$20.00 SIGHTSEEING PER SENIOR _____ \$ 12.00 SIGHTSEEING PER CHILD

PLEASE WRITE # PEOPLE IN THE SPACE PROVIDED.

KY STATE SALES TAX INCLUDED ON THE FOOD PORTION OF THE TICKETS

PLEASE CONSIDER A PRESERVATION DONATION TO THE BELLE OF LOUISVILLE: OTHER: \$ _____

TAX DEDUCTIBLE!

FORM OF PAYMENT:

PERSONAL CHECK (MADE PAYABLE TO THE BELLE OF LOUISVILLE) CHECK #: _____ AMOUNT: \$ _____

DRIVERS LICENSE #: _____

If you'd like to order by credit card, please call us and place the order over the phone.

AMOUNT: \$ _____ SIGNATURE: _____

OUR GIFT CERTIFICATES CAN BE USED ON EITHER VESSEL, AND ARE VALID FOR ONE YEAR FROM DATE OF PURCHASE.

RETURN THE COMPLETED APPLICATION ALONG WITH PAYMENT TO:

BELLE OF LOUISVILLE
ATTN: FRONT DESK c/o GIFT CERTIFICATE
401 WEST RIVER ROAD
LOUISVILLE, KY 40202
502.574.2992 OR 1.866.832.0011
WWW.BELLEOFLOUISVILLE.ORG

GIFT CERTIFICATE #: _____
DATE ENTERED: ___/___/___
EMPLOYEE: _____
CERTIFICATE SENT: ___/___/___