

BELLE OF LOUISVILLE & SPIRIT OF JEFFERSON GIFT CERTIFICATE APPLICATION

Name	Phone Number	Date
	()	/ /

Address	City	State/Zip

Email 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 (per person)	_____ Other Amount	
<i>Please indicate # of people in space provided.</i>		
_____ \$29.00 Lunch Cruise	_____ \$39.00 Dinner Cruise	_____ \$20.00 Dance Cruise
_____ \$18.00 Sightseeing per Adult	_____ \$17.00 Sightseeing per Senior	_____ \$9.00 Sightseeing per Child

Donations (Tax Deductible)

Community Crew: \$25 or less
 Captain's Club: \$50
 Charter Club: \$100
 Admiral's Club: \$250.00+
 Other _____

Form of Payment

Personal Check (made payable to THE BELLE OF LOUISVILLE) Check # _____
(Check return fee \$25, gift certificate will be voided if check is returned) Amount _____
 Drivers License # _____

Visa Mastercard Discover American Express

Card #: _____ Exp Date: _____ SEC Code: _____

Amount: \$ _____ Signature: _____

Our Gift Certificates can be used on either vessel, and are valid for one year from date of purchase.
Please return the completed application along with payment to

CALL US TODAY:
502.574.2992
1.866.832.0011

VISIT US ON THE WEB:
www.belleoflouisville.org

Belle of Louisville
ATTN: Front Desk c/o Gift Certificate
401 West River Road
Louisville, KY 40202

Belle Staff Only

Gift Certificate #: _____

Date Entered: ___/___/___

Employee: _____

Certificate Sent: ___/___/___