

Regent Mall

# GIFT CARD ORDER FORM

(Please complete required information below)



Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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

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

Number of Gift Cards	Gift Card Value	Total Value
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
_____ @ _____	_____ =	_____
<b>TOTAL: \$</b>		_____

Card Pick Up Date: \_\_\_\_\_ Payment Method: \_\_\_\_\_

(Debit, Mastercard, Visa and Amex)

**Payment must be received at time of pick-up.**  
Please email the completed form to [regentmallguestservices@primarisreit.com](mailto:regentmallguestservices@primarisreit.com)

**THANK YOU FOR YOUR BUSINESS!**



[www.regentmall.ca](http://www.regentmall.ca) • (506) 462-0350

This card is issued by PACE Savings & Credit Union Limited. Card funds are not insured by the Canada Deposit Insurance Corporation (CDIC) or any other government deposit issuer or agency.