



# MORRISTOWN PARTNERSHIP

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## Billing Address

\_\_\_\_\_ (indicate with X if same as mailing address)  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_

## Mailing Address

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_

**For pick-up:** \_\_\_\_\_  
(Mon.-Friday, 9am-5pm only)

## Credit Card Release Form

Note: Morristown Partnership recommends lower denominations to insure the recipient will use the gift certificate in its entirety at any one location as opposed to receiving a credit at a participating business.

Denomination	Quantity	Total
\$50.00	_____	\$ _____
\$25.00	_____	\$ _____
\$10.00	_____	\$ _____
\$5.00	_____	\$ _____

The Morristown Partnership will issue and charge the above gift certificate(s) totaling \$ \_\_\_\_\_,  
to the following VISA / MasterCard (only cards accepted, circle one)

Credit Card #: \_\_\_\_\_

Security Code (CVV2#): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand the Morristown Partnership will not be held liable for the loss of the gift certificate.

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Signature

Date

**Thank you for supporting the gift certificate program.**