



Order Form – Gift Certificate

Customer's Information

First name _____
Last name _____
Address No. _____ Street _____ Apt. _____
City _____
Province _____ Postal code _____ Phone (home) _____
Email _____

Delivery Address (if different than the customer's address)

First name _____
Last name _____
Address No. _____ Street _____ Apt. _____
City _____ Province _____ Postal code _____

Gift Certificate Information

Gift certificate's value (\$50, \$100, \$500 or \$1,000 denominations) \$ _____
Gift certificate should be made out to _____
Child's full name

Payment Information

Payment by cheque (made payable to **Kaleido Growth Inc.**) – Please attach the cheque to your request.
Gift certificates are mailed within 72 hours following receipt of your cheque.

Comments

Please send your order form and your cheque to the following address :

Kaleido
1035 Wilfrid-Pelletier Ave., Suite 500
Quebec QC G1W 0C5
Canada
1 877 710-RESP (7377)
kaleido.ca