



# GIVE THE GIFT OF LANGUAGE: GIFT CERTIFICATE PURCHASE FORM

Mail or fax signed and completed form to:

Rennert Bilingual 216  
East 45th Street New  
York, NY 10017 U.S.A.  
Fax: (212) 867-7666

For additional information:  
www.rennert.com  
languages@rennert.com

### 1. YOUR INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell/ Evening Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Where did you hear about Rennert? \_\_\_\_\_

### 2. PAYMENT INFORMATION

I hereby purchase a Rennert Foreign Language gift certificate for: \_\_\_\_\_  
Recipient Name

- In the amount of:
- \$550 (general foreign language course, including materials)
  - \$185 (specialty foreign language course, including materials)
  - \$25 (registration fee for one Dine 'n' Learn session)
  - \$25 (attendance at one sample group class)

Payable by:

- Cash
- Credit Card Payment -  Visa  MasterCard
- A personal or corporate Check drawn in US Dollars, payable to Rennert.
- A Cashier's Check or Money Order payable to Rennert.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

I authorize Rennert to charge my credit card in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Date Name of Card Holder Signature of Card Holder

### 3. DELIVERY INFORMATION

- Please mail the certificate to me, at the address listed above
- Please mail the certificate to the recipient, at the address listed below

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Message to appear on card, included in package:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_