



**GIVE THE GIFT OF HEALTH  
GIFT CARD ORDER FORM**

*If you wish to pay by check or money order, please complete this form and return with your payment. If you wish to pay by credit card, please stop by our Vernon J. Harris Medical Center at 719 N. 25th Street or call (804) 780-0840.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**PLEASE FILL OUT YOUR ORDER ..... BE SURE TO ENTER QUANTITY AND TOTALS!**

QUANTITY	ITEM	PRICE	TOTAL
	<b>Medical Gift Card</b>	\$40	
	<b>Dental Gift Card</b>	\$60	
		<b>GRAND TOTAL</b>	<b>\$</b>

PLEASE MAIL YOUR CHECK OR MONEY ORDER (PAYABLE TO CAPITAL AREA HEALTH NETWORK) WITH THIS FORM TO THE ADDRESS BELOW:

**CAPITAL AREA HEALTH NETWORK  
ATTENTION: NANCY COFFEY  
2025 E. MAIN STREET, SUITE 101  
RICHMOND, VA 23223**

WE WILL PROMPTLY PROCESS YOUR ORDER AND MAIL THE GIFT CARD(S) TO YOU.

*Thank you!*