

Continuing Studies Gift Certificates

Date: _____

Purchaser Information

Last Name:	First Name:	Email:	
Address:			
City:	Province:	Postal Code:	

Payment Information

- CASH OR INTERAC (IN PERSON ONLY)
 MONEY ORDER (PAYABLE TO ECUAD)
 CHEQUE (PAYABLE TO ECUAD)
 MASTERCARD VISA

TOTAL VALUE: \$

Credit Card

Card Number	Expiry Date
Name on Card	Signature

Recipient

Last Name:	Legal First Name:	Legal Middle Name(s):	Preferred Name:
Date of Birth (YYYY/MM/DD):	Phone Number:	Email:	
Address:			
City:	Province:	Postal Code:	

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