



Name: _____

Date of Birth: _____ JCC Membership Number: _____

Email: _____ Phone: _____

Name of Gift Recipient: _____



- 5 one-hour Shiatsu or sports massage sessions for**
~~\$462.50~~ **\$370 (save \$92.50!)**
 _____ # for self _____ # as gift for member
- 5 one-hour Swedish massage sessions for**
~~\$412.50~~ **\$330 (save \$82.50!)**
 _____ # for self _____ # as gift for member
- 5 one-hour Signature Facial sessions for**
~~\$450.00~~ **\$360 (save \$90!)**
 _____ # for self _____ # as gift for member

_____ **Total amount owed**

How did you hear about this offer?

Email JCC Staff

Social Media _____

JCC Website Other _____

Flyer/poster _____

Therapist requested

I am a new client

Help me find a therapist

I wish to use the following method of payment:

- Check made payable to Kaplen JCC on the Palisades VISA MC AMEX Charge Card on File

CC Number: _____ Exp date : _____ CCV: _____

Name on card: _____ Signature: _____

Billing Address: _____ City, State, Zip : _____

I authorize the Kaplen JCC on the Palisades to charge the credit card indicated on this form. This is a one-time authorization that will be charged on or after 11.26.21 for the purchase of spa sessions for the total amount indicated above.