

**KAHALA MALL GIFT CERTIFICATE PROGRAM**  
**Bulk Order Form**

(For orders of 50 gift certificates or more)

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Person Picking Up Order\* \_\_\_\_\_

*\* For your protection, a picture ID is required for pick-up of gift certificates. We are not able to mail gift certificates due to their cash value.*

<b>Denomination:</b>	<b>Quantity:</b>
\$25	_____
Total \$ Amount	_____
Number of Envelopes	_____

Please make check payable to **Kahala Mall Merchants' Association**. Allow a minimum of (10) working days turn-around time from the date we receive your order. Your order will be processed as quickly as possible.

**Mail Bulk Order Form along with check payment to:**

Kahala Mall Management Office  
4211 Waialae Avenue, Suite 33  
Honolulu, HI 96816  
Attn: Gift Certificate Processing

**FOR OFFICE USE:**

Check rec'd by _____ Date _____ Check # _____ Check amount \$ _____ Deposited by _____ Date _____	<b>Due Date:</b> _____ (10 working days from date order is received)
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<b>GIFT CERTIFICATE PICK-UP</b> Name of Recipient (print) _____ ID# _____ Exp. Date _____ Signature of Recipient _____ Date _____
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