

GIFT VOUCHER REDEMPTION FORM



Pharmacy name:

Account number:

Contact name:

Phone number:

Gift voucher redemption

Please print this form, complete the details and return by courier with your vouchers enclosed.
A refund payment will be made to your nominated bank account, please specify your details below.

Voucher value	Number of vouchers	Redemption value
\$5		
\$10		
\$20		
\$50		
Total redemptions		\$ Credit

Payment from the Guild

- Direct Credit

Please provide your nominated bank account:-.....-.....-.....

Courier to:
Pharmacy Guild of New Zealand, Pharmacy House, Level 3, 124 Dixon St, Wellington 6011