

I,		certify	that th	ne gift	card	will be
used by me and that I will not transfer th	is to another	individu	ıal nor	will I re	deem 1	this gift
card for cash. I will use it with the knowledge	ge that this is	a 'gift' fr	om the S	School o	f Socia	al Work
as a token of appreciation.						
Signature			_			Date
Printed Name	Email Ado	dress				
Home Address (Street, City, State, Zip)			Co	ntact Pho	ne#	