

# Gift Box Order Form

Bill to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Ship to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Size: \_\_ S \_\_ M \_\_ L \_\_ XL \_\_ XXL \_\_ XXXL

Color: \_\_ W/W \_\_ W/P \_\_ Beige \_\_ Black

Message: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Mail to:**  
**Gentle Touch Medical Products, Inc.**  
**1057 Rolling Pines Dr.**  
**Ortonville, MI 48462**

**OR**  
**Fax to:**  
**(248) 627 - 7006**