#_____

Last 4 digits of Gift Card (for staff to fill out)
: _____

LAKEVIEW EAST
GIVER'S GIFT PROGRAM 2025

DATE:
NAME:
ADDRESS:
CITY, STATE ZIP:
EMAIL:
HOW DID YOU HEAR ABOUT THE PROGRAM:

STORE RECEIPT	AMOUNT
RECEIPTS TOTAL:	

THANK YOU FOR SHOPPING IN LAKEVIEW EAST!

LAKEVIEW EAST CHAMBER OF COMMERCE WILL NOT SELL OR UNNECESSARILY DISCLOSE ANY PERSONAL INFORMATION.

PLEASE SUBMIT ALL YOUR RECEIPTS DIGITALLY TO INFO@LAKEVIEWEAST.COM