



## Request for Gift Certificates

I \_\_\_\_\_(your name) would like to purchase a 2017 Gift Card(s).  
Please select from the following choices.

\$10 Value \_\_\_\_\_ \$20 Value \_\_\_\_\_ \$30 Value \_\_\_\_\_

\$40 Value \_\_\_\_\_ \$50 Value \_\_\_\_\_ \$60 Value \_\_\_\_\_

Please provide the amount of gift cards that you would like next to the value amount.

Please send a check or money order to:  
Cecil County Dragway  
307 N. Paradise Road  
Havre de Grace, MD 21078

Please mail Gift Card(s) to:

\_\_\_\_\_Name

\_\_\_\_\_Address

\_\_\_\_\_City, State & Zip

Thanks!