

Give the Gift of Education



Name of Recipient _____
(optional—name will be included on the certificate if provided)

Giver's Name _____

Address _____

City _____ State _____ Zip _____

Phone number (including area code) _____

E-mail address _____

Certificate amount requested

(Any amount beginning at \$5. Cost for half-day class is \$110; cost for full day camp is \$220)

Please enclose a check and mail to:

Bright Lights

5561 S 48th St, Ste 220

Lincoln, NE 68516

