

A Gift of Health

To: _____

From: _____

A Gift of: _____

Session length and Description of Service

OR

Dollar amount:

Authorization Code#: _____ Date: _____

(Valid code # required to redeem certificate)

(Certificate expires 1 year from date of issue)
(Not redeemable for cash)

WWW.HealthEnhancementTherapies.Com

Health Enhancement Therapies

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A Gift For You