

Reward Recipient

Name: _____

Address: _____

City: _____ State _____

Zip code: _____

Phone #: _____



SHIP TO:

(Shipment CANNOT be made to a post office box.
Be sure to include your street address.)

Name: _____

Address: _____

Apt.# _____ City: _____

State: _____ Zip: _____

Phone #: () _____

Registration and Gift Order Form

Customer Referral #1

Name: _____

Address: _____

City: _____ State _____

Zip code: _____

Mail Completed Gift Order Form To:

Designer Windows & Siding
Reward Headquarters
5205-B Lyngate Court
Burke, VA 22015
or fax to: 703-250-8983

List to the right the items you
are claiming. Be sure to include
all pertinent information. TYPE
OR PRINT CLEARLY WITH A
BALL POINT PEN.

Mail original; make a copy for
your records.

All orders are subject to approval.
Referrals are redeemable through
December 31, 2006.

All referrals not redeemed before
December 31, 2006 will be forfeited.

Reward Gift #1

Item Description: _____

Item Number: _____

Color: _____

Number of qualifying referrals: _____

Other Information: _____

Customer Referral #2

Name: _____

Address: _____

City: _____ State _____

Zip code: _____

Reward Gift #2

Item Description: _____

Item Number: _____

Color: _____

Number of qualifying referrals: _____

Other Information: _____