



Gift VOUCHER



VOUCHER NO. _____

YOUR BEAUTY AND WELLBEING COMES FIRST!

THIS GIFT VOUCHER IS PRESENTED TO _____

FOR THE FOLLOWING TREATMENT/S _____

DATE OF ISSUE _____ EXPIRY DATE _____

FROM _____

PLEASE CONTACT US TO MAKE AN APPOINTMENT FOR YOUR TREATMENT. WE LOOK FORWARD TO HAVING YOU WITH US!

Suite 6, Upper Level, Hilton Quarry Shopping Centre,
P O Box 863, Hilton, 3245

Phone: 033-3431156 • Cell: 073 361 0076

sarah@beautyinstitute.co.za • www.thebeautyinstitute.co.za



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