

# *A Gift of Touch*

*is presented to*

*<Name of Recipient>*

*for*

*60 Minute Therapeutic Massage*

*Presented by*

*<Name of Giver>*

To Schedule your appointment, contact:

Toni Roberts, LMT

Cumberland Muscle Therapy  
2470 Windy Hill Road, SE, Suite 227  
Marietta, Georgia 30067

(770) 984-8040

[TRobertsLMT@CumberlandMuscleTherapy.com](mailto:TRobertsLMT@CumberlandMuscleTherapy.com)

[www.CumberlandMuscleTherapy.com](http://www.CumberlandMuscleTherapy.com)

Gift Certificate Number: <Number>

Please Use by: <Expiration Date>