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# Refer-a-Friend



Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**WE WILL CUT YOU A \$100 CHECK WHEN WE DO A MINIMUM \$1000 VALUE PROJECT WITH:**

New Customer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Fill out the vaucher. Take a photo and send it  
to [lefty@spartanstonecare.com](mailto:lefty@spartanstonecare.com)



571-505-0887

[WWW.SPARTANSTONECARE.COM](http://WWW.SPARTANSTONECARE.COM)

\*Minimum of \$ 1000 value project or more. | This vaucher must be presented before project is done.

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# SPARTAN STONE CARE

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