

Dolce Vita Day Spa  
220 N Cass Ave  
Westmont, IL 60559  
Ph# 708-352-1705  
contact@DolceVitaOrganicDaySpa.com

## Membership Cancellation Form

I request to cancel my VIP Membership with Dolce Vita Day Spa effective on \_\_\_/\_\_\_/\_\_\_  
(date). I give Dolce Vita Day Spa the permission to bill my credit card for the last month of my  
membership on the 20<sup>th</sup> day of last month of membership.

Please, send this for to Dolce Vita Day Spa by mail, email or in person.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date