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Fax/Email:	Telephone Number:	Attn:
	Gift Card Order Form	
•	EASE PRINT CLEARLY AND RETURN TO INFO@	•
Amount (\$):		
Recipient Name:		
Presenter/Donor Name:		
	PAYMENT INFORMATION	
☐ American Expres	ss □ MasterCard □ Visa □ Discove	r □ Diner's Club □ JCB
Credit Card Number:	Expir	Security Code: ratio <u>n Date: (up to</u> 4 d <u>igits)</u>
Name as it appears on the Credit Co	ard:	
Credit Card Billing Address:		Zip/Postal Code Required
Authorizing Signature of Credit Card	Holder:	
	GIFT CARD TO BE SENT TO: (Please Print	Clearly)
Full Name:	Daytime Phone:	
Mailing Address: (Street Address):		
City:	State:Zip C	Code:
	MAILING PROCEDURES	
Mailing Procedures: All Gift Cards wil	be sent /mailed by regular U.S. mail, unless Express Mail	ling is requested (see below).
	ates may be sent /mailed by UPS or FedEx at the <u>Custom</u> st an additional overnight delivery charge (see Table b	
o Please Charge My UPS or FedEx Ac	count Number: Company Name:	
o Please Charge My Credit Card an Ac	ditional Shipping Cost for Standard Overnight Delivery:	
	NODTHEAST	30
	NORTHEAST \$: MID WEST & SOUTHERN STATES	35
	\$-	40
o Gift Card(s) can be picked up; please	WEST COAST	
(Please Pick-up	Gift Cards at the following times: Lunch 11:30-3PM Mon-Fr	ri or Dinner 4:30-11PM Mon-Sat)
	For Aldo Sohm Wine Bar's Office Use C	•
	GIFT CARD # (last 4 digits):	
Fax/Email Date: B	7: Contact Da	ate: By:

Received Date: _____ By: ____

Copied/Filed Date: _____ By: ____