



## GIFT CARD FORM

DATE OF REQUEST: \_\_\_\_\_

PURCHASER: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RECIPIENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYMENT DETAILS: VISA    MASTERCARD    AMEX

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

*PLEASE INCLUDE CARD HOLDERS NAME & MAILING ADDRESS IF DIFFERENT THAN PURCHASER.*

**GIFT CARDS ARE SENT REGULAR MAIL THROUGH THE UNITED STATE POSTAL SERVICE COMPLIMENTARY.  
IF YOU PREFER OTHER POSTAGE, PLEASE INDICATE ON FORM. ADDITIONAL FEES APPLY.**

**PLEASE EMAIL COMPLETED FORM TO [INFO@SPLENDIDORESTAURANT.COM](mailto:INFO@SPLENDIDORESTAURANT.COM)  
TO BE PROCESSED.**