

CANTINA ITALIANA

Gift Card

Request Fax Form

Your information:

Your Name: _____

Your Phone Number: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Gift Card information:

I would like to purchase a Gift Card in the Amount of: \$ _____

To: _____ From: _____

Message: _____

Where would you like the gift card sent? My Address Above Other; see below:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Method of Payment:

Amex <input type="checkbox"/>	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	Diners <input type="checkbox"/>	Discover <input type="checkbox"/>
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Card Number: _____ Exp: Date: _____

Name as it appears on the card: _____

Signature: _____ Date: _____

I authorize Cantina Italiana to charge my credit card and amount listed above for the purchase of a restaurant gift card.
We add a \$1.00 mailing and processing fee to all gift card orders.
Fax – 617-723-6357 Phone – 617-723-4577