



GIFT CARD PREPAY FORM

Return to Fax Number: 415-931-5400

Gift Card Information:

Name of Recipient _____

Recipient's Address _____

City _____ State _____ Zip _____

If the Card is not being mailed to the recipient:

Name to be mailed to _____

Address _____

City _____ State _____ Zip _____

Specify Any Message to Guest or Special Instructions _____

If Return Receipt Requested, Cardholder Fax Number or mailing address: _____

_____ Mastercard

Card Number _____

_____ Visa

Expiration Date _____

_____ American Express

Cardholder Name _____

Phone Number _____

Cardholder acknowledges receipt of goods
or services in the amount of total shown hereon
and agrees to perform the obligation set forth
in the cardholder agreement with issuer and
restaurant.

Total Amount of Gift Card \$ _____

Cardholder Signature _____ Date _____