

R I S T O R A N T E

FIORE

Authentic. Italian. Cuisine.

# 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

Master Card

Visa

Diners

Discover

Card Number: \_\_\_\_\_ Exp: Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Ristorante Fiore 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.