



Fax this form to 804-644-2468 or Print/Scan/Email to info@lagrottaristorante.com

## *GIFT CERTIFICATE ORDER FORM*

*Name* \_\_\_\_\_

*Phone#* \_\_\_\_\_

*Gift Certificate Amount: \$* \_\_\_\_\_

*Credit Card Type* \_\_\_\_\_

*Credit Card #* \_\_\_\_\_

*Exp. Date* \_\_\_\_\_

*Name as it Appears on the Credit Card*

\_\_\_\_\_

*To:* \_\_\_\_\_

*From:* \_\_\_\_\_

*Mail To:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *Zip code:* \_\_\_\_\_