

Office Use Only
Date Received: _____
Gift Card Number: _____

PLEASE COMPLETE THIS FORM AND FAX IT BACK TO US AT (212) 255 2110.

Date: _____

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Gift Certificate Information:

Message: _____

To: _____

From: _____

Amount: _____

Would you like us to mail the gift certificate to the recipient? YES NO If yes, please complete below.

Recipient's Name: _____

Recipient's Mailing Address: _____

Billing Information

Credit Card Type: Visa Mastercard Amex

Credit card #: _____ Exp. Date: _____

Name that appears on the credit card: _____

Contact Phone #: _____

Signature authorizing charge for the gift certificate amount noted above:

Signature Date

Please include a copy of the front and back of your credit card for verification. Thank you!
You will receive an email and/or phone call within 24 hours confirming our receipt of this form.



54 Carmine Street
New York, NY 10014

212.255.2100
fax 212.255.2110