



## Gift Card Request Form

Please Fill out Completely and Fax to: **(781)320-9860** Phone #: **(781)329-9790**

### Your Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

(In case we need to contact you)

### Gift Card Information

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

To: \_\_\_\_\_ From: \_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_

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Where would you like the Gift Card sent?  My Address Above  Address Below:

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Method of Payment

Master Card

Visa

Amex

Discover

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

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

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

I authorize the Halfway Cafe to charge my credit card the amount listed above plus a \$1.00 mailing and processing fee for the purchase of a restaurant gift card.