



Gift Certificate Request Form

Purchaser's information

Date: _____

Name on credit card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____ Email: _____

Amount: \$10 \$25 \$50 \$75 \$100 \$150 \$200

Credit Card Type: Visa Mastercard

Credit Card Number: _____ Exp. Date: _____ CVC/CVV: _____

I authorize the La Provence French Restaurant to charge my credit card with the amount selected for the purchase of a gift certificate

Signature: _____

Recipient's information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Please select one of the options below for receiving the gift certificate:

Mail to purchaser Mail to recipient Pick up Pick up date:

You may write a message that you would like it to appear on the gift certificate within the blank area.

Fill the form and return it either by email at contact@laprovincesf.com or by fax at (415) 643-4333. Your request will be processed within 24 hours from the time received. After your card is charged, you will receive by fax or email a receipt of your purchase.

You may pick up the gift certificate from our restaurant or we can mail it to you or the gift acceptor. Allow one week for the mailing of the gift certificate to the address requested. An additional \$1 fee might be charged to your credit card for postage expenses.

PLEASE DO NOT WRITE BELOW THIS LINE

Certificate Number: _____ Date charged: _____ Date certificate mailed: _____