

FIOR D'ITALIA

GIFT CERTIFICATE ORDER FORM

PLEASE FILL OUT THIS FORM, SIGN AND FAX TO **415.441.8774**

PURCHASER

DATE _____

NAME _____

BILLING ADDRESS _____

PHONE () _____

FAX () _____

RECIPIENT

NAME _____

MAILING ADDRESS _____

PHONE () _____

GIFT CERTIFICATE VALUE \$ _____

VISA MC AMEX

CC NUMBER _____ EXP _____

SIGNATURE _____

MESSAGE ON GIFT CERTIFICATE

FOR OFFICE USE ONLY

date gc order received: _____

date gc order processed & mailed: _____

initial: _____