



AMALFI
RISTORANTE ITALIANO & BAR

GIFT CARD ORDER FORM

CARDHOLDER/PURCHASER INFORMATION:

Name of the Cardholder/Purchaser: _____

Phone Number: _____ E-mail Address: _____

Credit Card: (circle one) VISA MASTERCARD AMEX DINERS

Credit Card Number: _____ Expiration Date: _____

Amount Charged to Above Credit Card: _____

AUTHORIZATION: This information is provided to Amalfi Ristorante Italiano to charge my credit card for the said amount of the gift card.

Authorized Signature

Date

CARD TO BE PICKED UP AT AMALFI: YES NO

OR TO BE MAILED TO:

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

PLEASE E-MAIL COMPLETED FORM TO:
info@amalfihouston.com

FOR ADMINISTRATIVE USE ONLY:

Staff Member Who Processed Gift Card: _____

Gift Card #: _____

Date Mailed Out (If Applicable): _____

AMALFI RISTORANTE ITALIANO & BAR

6100 Westheimer Road, Houston, TX 77057

713-532-2201

www.amalfihouston.com