

Bistro Felix

REQUEST FOR A GIFT CERTIFICATE

Date of Request: _____ Amount of Gift Voucher: _____

Person Requesting Gift Voucher: _____

Ph No. of Person Requesting Gift Voucher: _____

Name of Gift Voucher recipient: _____

Gift Voucher Recipient to be named on the Gift Voucher? Yes No

Address for Gift Voucher to be sent to: _____

Special Requests: _____

Express Post: An additional \$5.00 will be charged to the Gift Voucher value

Payment Details: Cash/Chq B/Card Visa M/Card Diners Amex

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signed: _____

**PLEASE ATTACH A PHOTOCOPY OF EACH SIDE OF YOUR CREDIT CARD TO THIS FORM IN
ORDER FOR US TO ISSUE YOUR GIFT VOUCHER**

The Gift Voucher will be sent once payment has been received

Please fax to (08) 9388 3085 or post to 118-120 Rokeby Rd Subiaco 6008

Voucher No: _____ Date Processed: _____