

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 email to jeremy@bistrofelix.com.au or post to 118-120 Rokeby Rd Subiaco 6008

Voucher No: _____ Date Processed: _____