

# 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](mailto:jeremy@bistrofelix.com.au) or post to 118-120 Rokeby Rd Subiaco 6008

Voucher No: \_\_\_\_\_ Date Processed: \_\_\_\_\_