

Cliff's

Elbow Room & Elbow Too



ELBOW ROOM GIFT CERTIFICATE FORM

Please complete form and fax to (631) 722-3664.

Purchaser

First Name: _____

Last Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

E-Mail Address: _____

Day Phone: _____

Evening Phone: _____

Dollar Amount of Gift Certificate: _____

[Billing Information]

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

Cardholder Billing Address

Address 1: _____

Address 2: _____

City, State, and Zip: _____

Telephone (home): _____

Telephone (work): _____

I authorize The Elbow Room to charge the card listed above for the purchase of a gift certificate in the amount of:

\$ _____

If the Gift Certificate is being mailed to the recipient the following must be filled out. This information is for mailing proposes. All receipts or correspondence will be mailed to the purchaser.

Recipient

First Name: _____

Last Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____