



tobiano



GIFT CARD REQUEST FORM



Dear Tobiano Golf Representative,

Please accept this form as confirmation of authorization to charge my credit card for the following fees of the amount of the gift card noted below.

CARDHOLDER/PURCHASER INFORMATION

Name: _____	Date: _____
Address: _____ _____	Phone: _____
Credit Card #: _____	Fax: _____
Gift Card Amount (to be charged to above credit card): \$ _____	Exp: _____
	Email: _____
	Signature: _____

RECIPIENT OF GIFT CARD

Name: _____
Gift Card to be mailed: Yes / No OR Gift Card to be picked-up*: Yes / No

**Please note: the pick-up location for all gift card requests will be at the Tobiano Golf Shop.*

IF MAILED, TO WHOM:

Name: _____
Address: _____ _____

ADMINISTRATION ONLY

Name of processing staff member: _____
Gift Card #: _____
Invoice Number: _____

Date Gift Card Mailed (if applicable): _____ **Staff Initial:** _____

Gift Card requests will be processed Monday-Friday (8am-4pm). All request submissions sent over the weekend (Saturday/Sunday) will be dealt with the following Monday morning.

PLEASE FAX REQUEST TO: 250.434.9698