

# BAROLO RISTORANTE GIFT CARD REQUEST

Please complete form and fax to (815) 729-3664. Requests will be processed once payment has been received. Purchaser will be contacted to confirm the payment information.

Certificate Recipient \_\_\_\_\_

Amount of Gift Certificate Desired \_\_\_\_\_

Purchaser \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number (9 am to 6 pm) \_\_\_\_\_

Fax Number \_\_\_\_\_

Form of Payment \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_  
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