



## GIFT CARD ORDER FORM

please fax this form to 202.393.0555.

### INFORMATION:

Gift Certificate amount: \$ \_\_\_\_\_

Recipient's Name(s): \_\_\_\_\_

Purchaser's Name(s): \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Phone # \_\_\_\_\_

I hereby authorize Café Atlántico to charge the following Credit Card in the amount specified above for the purchase of a gift card.

Cardholder Signature: \_\_\_\_\_

Would you like any message to be included with your gift card?

\_\_\_\_\_  
\_\_\_\_\_

If you would like us to mail the gift certificate, please specify the mailing name and address in the space provided below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

Please note: A gift card does not ensure a reservation at Café Atlántico or minibar. Please contact the restaurant for reservation procedures.