



THE VILLAGE PUB

**GIFT CARD PREPAY FORM**

Please Complete Form and Return to Fax Number: 650-851-6827

Gift Card Information:

Name of Recipient \_\_\_\_\_

Recipient's Address \_\_\_\_\_

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

If the Card is not being mailed to the recipient:

Name to be mailed to \_\_\_\_\_

Address \_\_\_\_\_

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

Specify Any Message to Guest or Special Instructions \_\_\_\_\_

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

If Return Receipt Requested, Cardholder Fax Number or mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Mastercard Card Number \_\_\_\_\_

\_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

\_\_\_\_\_ American Express Cardholder Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Cardholder acknowledges receipt of goods or services in the amount of total shown hereon and agrees to perform the obligation set forth in the cardholder agreement with issuer and restaurant.

Total Amount of Gift Card \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_