



**Gift Card Pre-Pay Form**

**Date:** \_\_\_\_\_

**Gift Card For:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Amount of GC:** \_\_\_\_\_

**Name of Purchaser:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**(We accept MasterCard, Visa, or Discover Card only)**

**exp:** \_\_\_\_\_

**Billing address for card:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

Please Fax Back to 858.759.1332