C H E Z T J

Contemporary French Cuisine

Gift Certificate Request

Phone 650.964.7466 Fax 650.964.9647

Please	print clearly		Today's Date:	
	Amount: \$			
Mail T	Γο:			
	Recipient's Nan	ne .		
	Street Address			
	City	State	Zip Code	
	Contact number	<u> </u>		
	Note for recipie	nt:		
From:				
	Sender's Name			
	Street Address			
	City	State	Zip Code	
Payme	nt:			
-	Card Type	Credit Card Number	Expiration	Date
	stand that Gift	to charge my credit card for the Certificates will not be reissu		
	Cardholder's Sig	gnature	Cardholder's Printed N	ame
	Contact Numbe	r	Email	
'J Only	Gift Certificate	# Date Processed_	Processed By_	