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## Gift Card Request Form

### PURCHASER INFORMATION

PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address (to mail a receipt):

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

Credit Card Expiration Date: \_\_\_\_\_

Credit Card (Select one):    Visa    Mastercard    American Express    Discover

Amount of Gift Card: \$ \_\_\_\_\_

Billing Address (*If different than mailing*):

### RECIPIENT INFORMATION

Name: \_\_\_\_\_

Mailing Address (Where you would like the gift card sent):

Message for Recipient (Happy Birthday, Congratulations, etc.):

Please fax back this form to (310) 392-8624  
or email information to [info@joesrestaurant.com](mailto:info@joesrestaurant.com).  
If you have any questions, please call Michael at 310-392-5655