



Normandie Farm

Gift Certificate Request Form

Billing Information

First Name _____
(As it Appears on the Credit Card)

Last Name _____
(As it Appears on the Credit Card)

Address _____

City _____

State, Zip Code _____

Daytime Phone _____

Delivery Information *Same as Billing Information*

First Name _____

Last Name _____

Address _____

City _____

State, Zip Code _____

Daytime Phone _____

Please indicate the following information to be printed on the certificate.

To: *(Optional)* _____

From: *(Optional)* _____

Dollar Amount: *(Required)* _____

Dollar Amount of Certificates \$ _____

15% Gratuity *(Optional)* \$ _____

6% MD State Tax *(Optional)* \$ _____

Shipping *(Certified Mail)* \$ 5.00

Total Purchase \$ _____

Issued certificates should be treated as cash. Normandie Farm is "Not" responsible for lost or stolen certificates.

I, _____, authorize Normandie Farm Restaurant to charge my Visa, Master Card, American Express Card, Account Number, _____, Expiration Date _____, CVV # *(on back of card)* _____ Month _____ Year _____.

Please mail with your check or Credit Card Information /Or Fax with authorized signature.