



GIFT CARD ORDER FORM

please fax this form to 202.393.0555.

INFORMATION:

Gift Certificate amount: \$ _____

Recipient's Name(s): _____

Purchaser's Name(s): _____

Credit Card Type: _____

Credit card #: _____

Expiration Date: _____

Cardholder Phone # _____

I hereby authorize America Eats Tavern to charge the following Credit Card in the amount specified above for the purchase of a gift card.

Cardholder Signature: _____

Would you like any message to be included with your gift card?

If you would like us to mail the gift certificate, please specify the mailing name and address in the space provided below:

NAME: _____

ADDRESS: _____

CITY _____ ZIP: _____

Please note: A gift card does not ensure a reservation at Café Atlántico or minibar. Please contact the restaurant for reservation procedures.