

Request for gift certificate(s)

Please print all information and fax, along with photocopy of credit card and driver's license to:
Da Edoardo Grosse Pointe at 313-881-3813

Name and address as it appears on your credit card statement

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Credit card	Number	Month/Year of expiration
Visa		
Master Card		
American Express		

Authorized Signature: _____ Date _____

Please send gift certificates in the following amounts:

\$ _____ to same address as above OR to

First _____ Last _____

Address _____

City _____ State _____ Zip _____

\$ _____ to same address as above OR to

First _____ Last _____

Address _____

City _____ State _____ Zip _____