



Fax (403) 290-1082
Phone (403) 290-1012
Website www.teatro.ca

Gift Certificate Request Form

Contact Name _____ Company Name _____

Phone Number _____ Fax Number _____ Email Address _____

Credit Card Authorization

This is to give Teatro Restaurant the ability to authorize my credit card the amount of \$_____ for the purchase of:

I would like it to be charged to the following credit card: (circle one)

VISA MASTERCARD AMEX DINERS

NAME (as it appears on card): _____

CREDIT CARD # _____ EXP. _____

SIGNATURE _____

Special Instructions:

____ I will pick up the Gift Certificate at Teatro

____ I will send a courier

____ Please mail the Gift Certificate(s) to the following address:
(Please allow 7-10 days for delivery)

I would like a copy of the receipt (circle one):

Faxed to me Included with GC No receipt required

I would like to be added to the Teatro mailing list for upcoming Special Events _____