

RISTORANTE TOSCA GIFT CERTIFICATE ORDER FORM

Fax Attn: _____

Fax Number: _____

Thank you for choosing Ristorante Tosca.

Fill out the information below and fax this form to (202) 367-1999. All fields are required.

GIFT CERTIFICATE

To: _____

From: _____

Amount: _____

CREDIT CARD AUTHORIZATION

I, _____,

give Tosca Ristorante permission to bill the below credit card for a gift certificate.

Type of Credit card: _____
Tosca accepts VISA MasterCard & American Express

Credit card Number: _____

Expiration Date: _____

Cardholder Name (Printed): _____

Cardholder Signature: _____

Date: _____

Phone Number: _____

Fax Number: _____

Email: _____

If the gift certificate is to be mailed, please provide the name & mailing address:
