



## GIFT CARD ORDER FORM

Today's Date: \_\_\_\_\_ Date Required: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Delivery Address (if Different from Above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT OPTIONS

Credit Card Type: (  ) Visa (  ) Mastercard (  ) American Express

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

## ORDER REQUEST

Number of Gift Cards: \_\_\_\_\_ Order Amount: \$ \_\_\_\_\_

## DELIVERY OPTIONS

(  ) Pick Up From Specific MJG Property: \_\_\_\_\_ (Restaurant)

(  ) Mail Courier (Charges may be added to total, based on actual charges)

To complete this transaction please email the form to: [accounting@mjg.ca](mailto:accounting@mjg.ca)