



Gift Card Request Form

Purchaser Information – Please Print Legibly

Name: _____

Phone Number: _____

Email Address: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Type: Visa / MasterCard / American Express / Discover

Amount of Gift Card \$: _____

<p>Shipping Options Available: (Select One)</p> <p><input type="checkbox"/> Standard USPS (No Charge)</p> <p><input type="checkbox"/> USPS Priority Shipping (+\$7)</p> <p><input type="checkbox"/> USPS Express Shipping (+\$23)</p>

I, _____, authorize LIMANI to charge my credit card for the above amount plus shipping.

Authorized Signature: _____

Recipient Information:

Name: _____

Mailing Address: (Where you will like the gift card sent)

Message for Recipient: