



## GIFT CERTIFICATE FAX FORM

Name of Card Holder \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Restaurant \_\_\_\_\_  
Amount \_\_\_\_\_  
Credit Card (Visa, MasterCard, Amex) \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Recipient of Gift Certificate \_\_\_\_\_  
Address \_\_\_\_\_  
Gift From \_\_\_\_\_  
Message \_\_\_\_\_

### Restaurant Fax Numbers

MIM'S ROSLYN - 516-625-7329

MIM'S SYOSSET - 516-364-2163

Please call us prior to faxing.

Thank you for purchasing a gift certificate. Please complete this form and send back to us as soon as possible so that we can process your order. Thank you!