

## GIFT CARD PURCHASE FORM

Please complete the form below and email to aiftcards@sellandfamily.com or fax to (916) 400-4562.

		r to gijtear ase senamaj	anniyicani ar jak ta (310) 100 il
Restaurant Informat  The Kitchen Restaur		nd's Market-Café	☐ OBO' Italian Table & Bar
☐ Ella Dining Room &	Bar 🗖 Sella	☐ Selland Family Restaurants (includes all SFR restaurant logos)	
Cardholder Informat	ion		
Full Name:			
Billing Address:			
Telephone:			
Email:			<del></del>
Payment Method			
□ Visa □	MasterCard	☐ Discover	☐ American Express
Card Number:	Expires:		
		rs. Gift cards may be redee	
Delivery Information	<u>l</u>		
-ull Name:			
Address:			
Notes:			
			<del></del>
l hereby authorize Selland	l Family Restaurants to	o charge my credit card as	s shown above for said purchase am
 Cardholder Signature(R	 equired)		 te