

# ELLA'S

FINE FOOD & DRINK

2 TOWER STREET, WESTERLY, RHODE ISLAND 02891  
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## GIFT CARD ORDER FORM

(PLEASE PRINT CLEARLY)

Amount (\$): \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Presenter / Donor Name: \_\_\_\_\_

Message to Recipient: \_\_\_\_\_

### INSTRUCTIONS & PAYMENT INFORMATION

Please fill out this form on your computer and click the "SEND" button to email it to us. (If you see: "The filling of form fields is not supported", click the button "Open With Different Viewer" and select "Open with Adobe Acrobat". You can send it from there.) Alternative: Print it, fill it out and then scan and email it, mail it to us, or drop it off. To maintain the highest security for your purchase, one of our executive staff will call you for your credit card number and process it at that time. Do not include your sensitive information on this form. Please let us know at what number and the best time to call you:

Your Telephone: \_\_\_\_\_ A convenient call time, approx.: \_\_\_\_\_  
(Our call times are 10AM to 10PM, Monday through Saturday)

Your Email: \_\_\_\_\_ Recipient Email: \_\_\_\_\_

### GIFT CARD TO BE SENT TO:

(PLEASE PRINT CLEARLY)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (Street Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### *For Ella's Office Use Only*

GIFT CARD #: \_\_\_\_\_

Received Date: \_\_\_\_\_ By: \_\_\_\_\_

Contact/Payment Date: \_\_\_\_\_ By: \_\_\_\_\_