

The Old Orchard Inn Gift Certificate Request Form

Billing Information

First Name _____
(As it Appears on the Credit Card)

Last Name _____
(As it Appears on the Credit Card)

Address _____

City _____

State, Zip Code _____

Daytime Phone _____

Delivery Information Same as Billing Information

First Name _____

Last Name _____

Address _____

City _____

State, Zip Code _____

Daytime Phone _____

*Please indicate the following information
to be printed on the certificate.*

To:(Optional) _____

From:(Optional) _____

Dollar Amount:(Required) _____

Dollar Amount of Certificates \$ _____

18% Gratuity (Optional) \$ _____

8.75% NY State Tax(Optional) \$ _____

Shipping(Certified Mail) \$ _____ 5.00

Total Purchase \$ _____

Please note that Gift Certificates have no expiration date, however issued certificates should be treated as cash. The Old Orchard Inn is not responsible for lost or stolen certificates.

I, _____, authorize The Old Orchard Inn Restaurant to charge my _____ Visa,
Master Card, American Express Card, Account Number: _____,
Expiration Date: _____, Month _____ Year _____.

Please mail with your check or Credit Card Information /Or Fax with authorized signature.

2095 Blakeley Corners Road, East Aurora NY 14052 716.652.4664 Fax 716.652.2250
www.oldorchardny.com

The Old Orchard Inn
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