

# MAGDALEN

## Gift Voucher Form

Please fill out the details and email the form back to [info@magdalenrestaurant.co.uk](mailto:info@magdalenrestaurant.co.uk)

or

print and return to fax number: 020 74039950 .

Authorisation will not be accepted without all details requested.

Full name of recipient and any message you would like to appear on voucher:

Name ..... Amount .....

Message .....

.....

.....

Name and address for postage of the voucher:

Name and address for billing card:

Name .....

Name .....

Address .....

Address .....

.....

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.....

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.....

.....

Postcode .....

Postcode .....

Name on card : \_\_\_\_\_

Card type : \_\_\_\_\_

Card number : \_\_\_\_\_

Valid from : \_\_ / \_\_\_\_

3 digit security no : \_\_\_

Exp Date : \_\_ / \_\_\_\_

I authorise the amount of £..... to be charged to my credit card in payment for a gift voucher.

I agree that this authorisation may be presented to the card issuer if any queries are raised, as proof of my agreement to the sale made in my absence.

Sign .....

Date .....