



GIFT CARD ORDER FORM

Please Type or Print

1) PURCHASER:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
E-Mail: _____



Credit Card: _____
Credit Name: _____
Credit Card #: _____
Exp. Date: ____/____ Security Code: _____

Visa/MasterCard: 3 digit number on back. American Express: 4 digit number on front.

Gift Card Amount: **\$75** **\$125** **\$150** **\$200** **\$250**

Other: _____

I, the card holder authorize Mountain View Golf Club to charge my credit card in the amount requested above.

Purchaser/Card Holder's Signature: _____
If emailing please print complete name as on credit card

2) MAIL GIFT CARD TO: PURCHASER RECIPIENT

Special Instructions: _____

3) GIFT CARD RECIPIENT'S INFO:

Name: _____
Address: _____
City/St/Zip: _____
Email: _____
Comments: _____

4) FAX ORDER TO: 717-641-7394 or EMAIL TO: mvpro@mtviewgc.com

OFFICIAL USE ONLY:

IN-HOUSE PURCHASE

PHONE/FAX PURCHASE

Date Processed: _____ Paid By: Cash _____ Check _____ Credit Card _____