



Gift Certificate Purchase Form

Please kindly fax this form to 604-946-7715. We will contact you once we've received the form. Gift certificates expire 1 year from the date of purchase and are not refundable.

Name: _____

Telephone: _____

Fax: _____

Mailing Address: _____

Credit Card
Number: _____

Expiry Date: _____

Credit Card Type: MasterCard / Visa Card / American Express

Gift Certificate
Amount: \$ _____

Quantity: X 1 / X 2 / X3 / X _____

Total: \$ _____

Signature: _____

I hereby authorize La Belle Auberge Restaurant to charge my credit card with the above amount.

Note: _____
