

## GIFT CARD PURCHASE FORM

Please complete the form below and email to giftcards@sellandfamily.com or fax to (916) 400-4562. For questions or inquiries please email giftcards@sellandfamily.com.

Restaurant Informati	<b>on</b> (Gift cards may b	e redeemed at all locations	5)
☐ The Kitchen Restaur	ant 🗖 Sell	and's Market-Café	☐ OBO' Italian Table & Bar
☐ Ella Dining Room & I	Bar □ Sell	and Family Restaurant	S (includes all SFR restaurant logos)
Cardholder Informati	<u>ion</u>		
Full Name:			
Billing Address:			
Telephone:			
Email:			
Payment Method			
□ Visa □	MasterCard	☐ Discover	☐ American Express
Card Number:		E	expires:
Gift Card Amount(s):			
Gift cards will be processed Please note we cannot guar		•	e United States Postal Service. of gift card(s).
<b>Delivery Information</b>	(if different from ab	ove)	
Recipient Full Name:			
Delivery Address:			
Message: (280 character limit)			
— I hereby authorize Selland	Family Restaurants	to charge my credit card	as shown above for said purchase an
Cardholder Signature (Ro	 equired)		ate