

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 Informa	ition (Gift card	ls may be redeemed at a	ll locations)		
☐ The Kitchen Restau	urant	☐ Selland's Market-	Café	☐ OBO' Italian Table & Bar	
☐ Ella Dining Room &	& Bar	☐ Selland Family Re	staurants (in	ocludes all SFR restaurant logos)	
Cardholder Informa	ation_				
Full Name:					
Billing Address:					
Telephone: _					
Email: _					
Payment Method					
□ Visa	☐ MasterCar	d 🗖 Disc	cover	☐ American Express	
Card Number:				Expires:	
CVV: Bill	ing Zip Code:				
Gift cards will be processe Please note we cannot gu		•	-	ited States Postal Service. ift card(s).	
Delivery Informatio	on (if different)	from above)			
Recipient Full Name:					
Delivery Address: _					
Message: (280 character limit)					
I hereby authorize Sellar	nd Family Resto	aurants to charge my c	edit card as s	hown above for said purchase ar	
Cardholder Signature ((Required)		– —— Date		