

GIFT CERTIFICATE
KG-NY Restaurant Group

REQUEST FORM

TEL: 212 240 9557
FAX: 212 240.9941

Purchaser Information

Name: _____

Phone: _____

Fax: _____

Address: _____

Gift Certificate Information

Name: _____

Amount: \$ _____

Mailing Address: _____

Credit Card Number: _____ Exp: _____

Signature:

Date:

I authorize

Wallsé/Blaue Gans/Cafe Sabarsky/Cafe Kristall/The Upholstery Store (CIRCLE ONE)

to charge me the amount of \$ _____ on the Credit Card above (\$25 minimum).

MESSAGE FOR CERTIFICATE:

CIRCLE ONE:

I would like my gift certificate mailed to the recipient.

I would like my gift certificate mailed to the purchaser.

**I will pick up my certificate at (restaurant name) _____ restaurant
on _____ (please specify date and time).**