GIFT CERTIFICATE

KG-NY Restaurant Group

REQUEST FORM

TEL: 212 352-2300
FAX: 212 645-7127
Email: contact@wallse.com

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/ (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).