



Gift Certificate Form

Please print all information clearly, and fax completed form to (561) 278 4873
Attn: Reservationists / Office Manager

Name _____

Fax NO. _____ Phone No. _____

I (print name)

Authorize Olio Bistro Restaurant to charge my credit card for a gift certificate in the amount of
\$ _____

Gift Certificate Made to _____

Gift Certificate From _____

Mail Certificate

to _____ Send or Fax

receipt to (if different from above) _____

For next day deliver, please provide your Federal Express Account No. _____
The Certificate will be sent standard overnight unless noted otherwise.

Additional comments

Please complete the following information clearly

Name as it appears on the card _____

Cardholder Signature _____

Card type Amex MasterCard or Visa _____

42 Southeast 2nd Avenue Delray Beach, Florida 33483 Telephone 561-278-6633

Card Number _____ Expiration Date _____

*Please note there is no cash refund for unused or partly used Gift Certificates.
Unused portion of the Gift Certificate will be re-issued.*