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Tel: 202.333.4733 Fax: 202.333.4909

Gift Card Request Form Purchaser Information

Please Print Legibly

Name:		
Phone:	Fax:	
Your e-mail:		
Mailing Address (to r	nail a receipt):	
Credit Card Number:		
Credit Card Expiration	n Date:	
Credit Card Security	No:	
Credit Card Type:	Visa MasterCard AMEX Discover	
Amount of Gift Card:	\$	
Billing Address (if dif	erent from mailing address):	
	Recipient Information	
N.	•	
Name:		
Mailing Address (who	ere you want the gift card sent):	
Please fax hac	this form to (202) 333-4909 or email to Info@BodegaDC co	m

Please fax back this form to (202) 333-4909 or email to lnfo@BodegaDC.com If you have any questions, please call us at (202) 333-4733