Gift Card Form

salt house

545 Mission Street
San Francisco, California 94105
Telephone: (415)543-8900
Email: office@salthousesf.com
www.salthousesf.com

Purchaser Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name as it appears on the card: _____

Card Type: Amex MasterCard Visa

Card Number: _____ Expires: _____

I authorize the below items to be charged to the credit card listed above:

Signature: _____ Date: _____

Would you like a receipt faxed or mailed to you? _____

Gift Card Information – Gift Card will be sent via USPS upon receipt of this form

Gift Card Amount $_____

To: _____

From: _____

Message on Gift Card:

_____

Send gift card to:

Name: _____

Street: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

(There is no cash refund for unused or partly used Gift Cards. Unused portion of G/C will be re-issued.)