



No.

gift card form

Please print all information clearly, and fax completed form to **{916} 791 6201**. Gift Cards will be sent via standard mail unless other arrangements are made in advance, or a Fedex number is provided below.

Name _____

Fax No. _____ Phone No. _____

I (print name) _____

authorize Hawks Restaurant to charge my credit card for a Gift Card in the amount of \$ _____

Gift Card Made to _____

Gift Card From _____

Mail Card to _____

Send or Fax receipt to (if different from above) _____

For next day delivery, please provide your Federal Express Account No. _____

The Card 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 Visa Discover

Card Number _____ Expiration Date (MM/YY) _____

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