



No.

GIFT CARD FORM

Please print all information clearly, and fax completed form to (916) 588-4441. 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.