

FAX

Cowboy Star Restaurant & Butcher Shop Gift Card Request Form

Date: _____

To: Cowboy Star _____

Time: _____

From: _____

I hereby authorize Cowboy Star Restaurant and Butcher Shop to charge my credit card Visa Mastercard Amex Discover

Account Number: _____

Expiration Date: _____

CVV Code: _____

Name as it appears on card: _____

Authorized Signature: _____

To pay for a gift card in the amount of \$ _____

Hold for pickup To be mailed (a \$1.50 shipping will be added if card is to be mailed)

Card to be mailed to (name of recipient): _____

Mailing address: _____

Note to be included with Gift Card: _____

Your contact phone number should we have any questions: _____

Please fax a copy of the receipt to: _____

Please email a copy of the receipt to: _____

Please complete this form and fax back to us at **619-450-5883**