

## John J Jeffries Gift Card Order Form

Please fax this form to our secure line at 888-510-4810, or email to [info@johnjeffries.com](mailto:info@johnjeffries.com).

Purchaser's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  
(we will confirm all orders by email)

**Gift Card Value: \$** \_\_\_\_\_

Delivery Option:

- Held for Pick Up
- Mailed to your address
- Mailed to other address (please complete form below)

Mailed To: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Message on Card Holder:** To: \_\_\_\_\_ From: \_\_\_\_\_

Additional Message: \_\_\_\_\_

**Method of Payment**       Amex       Visa       MasterCard       Discover

Name of Card Holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use only:

Gift Card ID Number: \_\_\_\_\_

Transaction Completed By: \_\_\_\_\_

