

GENE & GEORGETTI

Date:	Name:	Daytime Phone:
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Denominations:	\$25	50	75	100	125	150	175	200	250	300	500	Total
Quantity:												

Message (if desired): _____ Total Order: \$ _____

SHIPPING

To: _____
Address: _____

BILLING For your protection please provide a photocopy of the front and back of your credit card (*required*)

Card Type: (*circle one*) AMEX Visa MC

Card Number: _____

Expiration Date: _____

*Signature: _____

*Indicates permission for use of the above noted credit card for purchase of Gift Cards which will be sent to the above shipping address. Use of this credit card for any other purpose will be pursued by governing laws of fraud.

Fax order form request to (312) 527-2039.