



## Gift Certificate Pre-pay Form

Please complete the form and email back to: [Info@postino-usa.com](mailto:Info@postino-usa.com)

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Amount of Gift Card : \$ \_\_\_\_\_

I, \_\_\_\_\_ (your name), authorize Postino Restaurant to charge my credit card listed below for the purchase of a gift card in the amount listed above.

**~~~ Please print the following information below clearly ~~~**

Name (*as it appears on the credit card*): \_\_\_\_\_

Card Type (*circle one*):            **VISA**            **MASTERCARD**            **AMEX**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ (**AMEX CVV** is on the front of card)

Zip Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**\*\*Mail GIFT CARD to (*circle one*):            RECIPIENT            PURCHASER**

Gift Card **Recipient** Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gift Card **Purchaser** Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email receipt to : \_\_\_\_\_

Postino Restaurant  
3565 Mt. Diablo Blvd., Lafayette, CA 94549  
Phone 925-299-8700