

Peppino's Italian Family Restaurants

Corporate Office
21076 Bake Parkway, Suite 104
Lake Forest, CA 92630
949-951-2879 • Fax 949-458-5740
www.peppinosonline.com

Please fill out this form and follow the instructions We will process your gift card order upon receipt of	s below to submit, OR print and fax back to 949-458-5740. of this completed form.
I, the amount indicated below for purchase of a gift of	, authorize Peppino's Inc. to charge my credit card for card. My credit card information is stated below.
Credit card type (check one)	card Amex Discover
Amount \$	
Credit Card #	Exp. Date/
Name As It Appears on Card	
Signature / Electronic Signature*	
	Date_
	cknowledge it to be binding in substitution of your handwritten n contained within this document. Please check the following box
*If you are submitting this form online, you must include an e	lectronic signature or your order will NOT be processed.
Would you like a copy of the credit card receipt? If yes, would you like it faxed or mailed?	☐ Yes ☐ No
☐ Faxed	☐ Mailed
Fax #	Address:
Please indicate the address that you would like the	Gift Certificate mailed to:
Name:	
Address:Street	
Street	City, State, Zip
Phone # to contact you if we have any problems or	r questions:

TO SUBMIT: Please save the completed form to your computer & send as an attachment to: cheryl@peppinosonline.com Thank you for choosing Peppino's Italian Family Restaurant.