



Gift Certificate Pre-pay Form

Please complete the form and email back to 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:** _____

Zip Code: _____ **CVV:** _____

Card Holder's Signature: _____

Gift Certificate Recipient Name: _____

Gift Certificate From: _____

Mail Gift Card To: _____

Mail Receipt To (OR) Email Receipt To: _____

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