



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: _____ CVV: _____ (**AMEX CVV is on the front of card**)

Zip Code: _____

Card Holder's Signature: _____

****Mail GIFT CARD****

Name & Address:

Email receipt to : _____

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