



Chester's Chophouse and Wine Bar

GIFT CARD PREPAY FORM

Please complete this form and send to our fax at 316.201.1301 or email to giftcards@chesterschophouse.com.

Gift Card Information:

Name of Purchaser: _____

Purchaser's Address: _____

City: _____ State: _____ Zip: _____

If the card is not being sent to the Purchaser:

Name of recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Would you like a personal message sent with the card? _____

Special instructions: _____

If receipt requested, Cardholder's Fax number or email address: _____

____ Visa Cardholder's Name _____

____ Mastercard Card Number _____

____ American Express Expiration Date _____

____ Discover Phone Number _____

We send all gift cards through the United States Postal Service with Return Receipt Requested Certified Mail. There is a \$6.00 additional charge to cover this.

Total Amount of Gift Card \$ _____

Cardholder Signature _____ Date _____

By signing, you agree to pay the total plus shipping according to your card issuer agreement.