

For Office Use:
GC: _____
Purchase Date: _____



BLUE HILL RESTAURANT - GIFT CERTIFICATE FORM

212.539.1776 (phone) 212.539.0959 (fax) www.bluehillnyc.com

To: _____ From: _____
Fax Number: _____ Date: _____
Phone Number: _____

Thank you for choosing Blue Hill.
Please complete this form and fax it back to us at your convenience.
We will call you to confirm receipt of this completed fax.

Value of Certificate: _____
Presented To: _____
From: _____

Gift Certificate is to be:

Mailed to Purchaser Mailed to Recipient Picked Up

Name & Mailing Address: _____

Payment Information (circle one): **AMEX** **VISA** **M/C** **DINERS**

Name of Payee/ Credit Card Holder: _____
Payee and credit card holder must be the same

Tel: _____ Address: _____
Fax: _____

Card Number: _____ Exp: _____

I authorize Blue Hill Restaurant to charge my account the amount as indicated in the above agreement.

Authorized Signature: _____ Date: _____