



Gift Certificate Form

Please print all information clearly, and fax completed form to (561) 265 2527
Attn: Reservationists / Office Manager

Name _____

Fax NO. _____ Phone No. _____

I (print name) _____

Authorize olio Restaurant to charge my credit card for a gift certificate in the amount of \$ _____

Gift Certificate Made to _____

Gift Certificate From _____

Mail Certificate to _____

Send or Fax receipt to (if different from above) _____

For next day deliver, please provide your Federal Express Account No. _____
The Certificate will be sent standard overnight unless noted otherwise.

Additional comment _____

Please complete the following information clearly

Name as it appears on the card _____

Cardholder Signature _____

Card type Amex MasterCard or Visa _____

Card Number _____ Expiration Date _____

Please note there is no cash refund for unused or partly used Gift Certificates.
Unused portion of the Gift Certificate will be re-issued.

42 SE 2ND Ave Delray Beach Florida 33444 Telephones 561-278-6633