Today's Date:	
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## **Doryman's Inn Gift Certificate**

•	rint this form, complete and fax or email back.  9)673-2101 fax ~ info@dorymansinn.com	
* * * * * * * * *	* * * * * * * * * * * *	
I hereby authorize the Doryman's Inn to charge my credit card for a Gift Certificate:  The purchase of Gift Certificate(s) at \$ each  (# of GC's) (\$ of each)  Total Charge shall equal \$ (total dollar amount)  * * * * * * * * * * * * * * * * * * *		
Mailing Information (please print clearly):  To:  Address:	Buyer Contact Information (please print clearly):  Name:  Phone:	
Credit Card Information (please print clearly):  Card # Exp CVC		
Card Holder Name:	American Express Discover Diners  Card Holder Signature	

IMPORTANT: This form Must Be accompanied by a copy (front and back) of the credit card and a copy of the driver's license (front only) of the

cardholder or the order will not be processed. Email to <a href="mailto:info@dorymansinn.com">info@dorymansinn.com</a> or fax to 949-673-2101.