E L W A Y'S

Gift Card Authorization Form

In order for Elway's to properly process your gift card request we need your signed authorization. Please print this form and complete the information.

Return the signed copy by fax or mail to the numbe	r of address listed below.
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Name:		Date:	P	hone:	
Credit Card type:	AM EX	VISA	M/C	DISCOVER	DINER'S
Name on credit	card:				-
Credit Card Number					-
Expiration Date:		Billing	Zip Code of Cardholder:		
Authorizing Signature:		e to authorize charge.	Email addres _ confirmation	•	
Gift Card Amount:	\$			Notes? To? I	From?
Shipping via USPS:	\$9.90				
Total Charge:	\$				
Mail to:					
Mailing Str	eet Address:				
City:		State:		Zip Cod	e:
Fax complete 303-399 E-mail comple info@elwa	-7512 eted form to:	Or mail form		Elway's Cherr 0 East 1st Ave Denver, CO	, Suite B101