

ELWAY'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 number or address listed below.

Name _____ Date _____ Phone _____

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: _____

Email address confirmation? _____

Gift Card Amount: \$ _____

Shipping via USPS \$7.75 _____

Total Charge: \$ _____

Special Notes? To? From?

Mail to: _____

Mailing Street Address: _____

City: _____ State _____ Zip Code _____

Fax completed form to:
303-399-7512

Or mail form to:
Elway's Cherry Creek
2500 East 1st Ave, Suite B101
Denver, CO 80206