



GIFT CERTIFICATE AUTHORIZATION FORM

For: _____

From: _____

Amount: _____

Note: _____

Restaurant: Kensington Grill Cucina Urbana

Please fax completed purchase forms to 619.239.6822

Address to send gift certificate

Name: _____

Address: _____

Phone: _____ (Fax/Email:) _____

Address to send receipt

Name: _____

Address: _____

Phone: _____ (Fax/Email:) _____

Method of payment

Visa MC Amex Discover

Name as it appears on the credit card _____

Credit card number _____ Expiration Date _____ / _____

Amount \$ _____

Authorization

I, _____, hereby authorize Kensington Grill/Laurel to charge my credit card for the above listed amount.

Authorizing signature _____ Date _____

FOR OFFICE USE ONLY: GIFT CERTIFICATE AUTHORIZED BY _____
DATE GIFT CERTIFICATE MAILED _____