



Please Complete this form and fax it back to 262-522-7458 (secure business fax)
For confirmation please call the business office at (262) 522-9613
during business hours Monday - Friday 9am-5pm
* Required Field

***Gift Card Value _____**

(Minimum \$5) for all Gift Cards Mailed by the Deli - Thanks!

Payment Information

AMEX MC VISA Discover *CC# _____

*Expiration Date: _____ *Security Code: _____

*Name of Credit Card Holder _____

*Billing Address _____

*City _____ *State _____ *Zip _____

*Telephone Number _____ Fax Number: _____

E-mail Address _____

I hereby authorize The Rochester Deli to charge my credit card for the gift card described herein.

Signature _____

*Gift card to be mailed to: _____

*Address _____

*City _____ *State _____ *Zip _____

Message _____

Shipping Method - Please Check One:

Please mail my gift card via US Mail (Your gift card will be mailed same day for all orders prior to 4pm)

I would like to pick my gift card at the deli

Specify pick up date and time _____