

**Gift Certificate Purchase Agreement**

Date:

Name of Purchaser:

Name of Recipient:

Amount:

Payment Type (please circle)    Visa    Mastercard    American Express

Credit Card Number:

Expiration Date:

Security Code:

Billing Address:

Signature:

By completing this form you agree to permit Magnolia Restaurant to charge the credit card provided above for the amount stated above for purchase of a gift certificate.