



Center Bar Fax: 212 823 9515

GIFT CERTIFICATE REQUEST

Your information:

Your Name _____

Your Phone Number _____

Credit card type (circle one): Amex Visa Mastercard Diners

Credit card number _____ exp _____

I hereby authorize Porter House New York to charge the following amount to my credit card for the purchase of a gift certificate

Signature _____

Amount of Gift Certificate (Please write legibly) \$ _____

Recipient's information:

Recipient's name: _____

Message (if any) on gift certificate:

Mailing information:

Will you or your agent be picking up the gift certificate at Porter House New York, Time Warner Center, 4th floor?

Agent's name _____

Or we will mail it to:

Name _____

Street Address and Apt # _____

City, State, Zip _____

Thank you so much!