

ARIADNE
Restaurant & Bar

Gift Card Request Form
Please fax to 617-332-4658

Purchaser Name _____

Credit Card Billing Address _____

City, State, Zip _____

Card type: MC/VISA _____ AMEX _____

Card # _____ **Expiration** _____

I authorize Ariadne Restaurant & Bar to charged this card for the Gift Card amount below plus a \$5 certified mail charge.

Signature _____

Gift Card Amount _____

Message:

Recipient Name _____

Address _____

City, State, Zip _____

This information on this request form is faxed to a secure fax machine and will only be seen and used by Ariadne management for the purpose of purchasing a gift card.