



C A M P A G N E

Gift certificate request form. Please fax to (206) 443-3804

A gift certificate is presented to: _____

By: _____

In the amount of: \$ _____

Please indicate which type of card: VISA: _____ M/C: _____ AMEX: _____ DINERS: _____

Credit card account number: _____ Exp.: _____

Name as it appears on credit card: _____

Phone: () _____ Facsimile: () _____

Email address: _____

Billing address:

Street: _____

City: _____ State (Province): _____ Zip/Postal Code: _____

Mail receipt to (please circle one): Purchaser . Recipient

Shipping address (if different than above):

Name: _____

Street: _____

City: _____ State (Province): _____ Zip/Postal Code: _____

This letter authorizes Campagne or Café Campagne to charge my company or personal credit card.
(Please include a photo copy of your credit card in your fax .)

Card holder signature: _____

Special Requests: _____

Gift Certificates will be mailed within one week of purchase. Federal Express Standard Overnight is available at an additional charge. Please initial here if you would prefer FedEx. _____

For the purchase of multiple gift certificates, please contact Marketing Director, Radiance Bellavita at (206) 448-7740 or rbellavita@campagnerestaurant.com.

Restaurant & Bar
86 Pine Street . (206) 728-2800

Café & Wine Bar
1600 Post Alley . (206) 728-2233

Pike Place Market . Seattle, Washington . 98101
www.campagnerestaurant.com