GIFT CARD REQUEST FORM

**Information about GIFT CARD RECEIVER:**

|  |  |
| --- | --- |
| NAME: |  |
| AMOUNT\*: |  |
| GREETING TEXT: |  |
|  | |
|  |  |
| CARD OWNER PHONE NUMBER: |  |
| DATE: |  |
| **Information about BUYER\*** |  |
| Private person – Name, Surname  Company - NAME |  |
| Amount of gift cards\*: |  |
| Choose Gift Card delivery\*: | □ Kurshi Hotel & SPA, Cerinu street 22  □ Post office –delivery charges included  □ Electronical card sent by e-mail |
| Payment\* | □ With Credit card  □ With bank transfer |
| Bank details\**(for invoice)*   * Private persons - personal ID number * Companies – Registration number |  |
| Other notes: |  |
|  | *\*Necessary fields* |