GIFT CARD REQUEST FORM

**Information about GIFT CARD RECEIVER:**

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