



## GIFT CERTIFICATE PREPAYMENT FORM

1550 Church Street  
San Francisco, CA 94131  
Phone: 415-641-4500  
Fax: 415-641-4546

### Gift Certificate Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dollar Amount of Gift Certificate: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where to Mail Gift Certificate (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Authorization

I, \_\_\_\_\_, authorize Incanto Restaurant to charge my account in the amount listed above.

Name as it appears on card: \_\_\_\_\_

Visa / MasterCard / Amex: # \_\_\_\_\_  
(circle one)

Expiration Date: \_\_\_\_\_

Signature of authorized cardholder: \_\_\_\_\_

\_\_\_\_\_

**Please fax this form to 415-641-4546 to finalize your purchase. Thank you!**