



THE MEADOWS™
AT PEMBERTON

**GIFT CARD
REQUEST FORM**

Dear Meadows at Pemberton Representative,

Please accept this form as confirmation of authorization to charge my credit card for the following fees of the amount of the gift card noted below.

Cardholder/Purchaser Information:	
Name: _____	Date: _____
Address: _____ _____	Phone: _____
	Fax: _____
Credit Card #: _____	Exp: _____
Gift Card Amount (to be charged to above credit card): \$ _____	Email: _____
	Signature: _____
Name of Recipient of Gift Card: _____	

Gift Card to be mailed: Yes / No OR Gift Card to be picked-up: Yes / NO*
*(*please note: the pick-up location for all gift card requests will be at the Meadows at Pemberton Golf Shop)*

If Mailed, To Whom: Name: _____ Address: _____ _____	Administration Only: Name of processing staff member: _____ Gift Card #: _____ Invoice #: _____
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Date Gift Card Mailed (if applicable): _____ Staff Initial: _____

Gift Card requests will be processed Monday-Friday. All request submissions sent over the weekend (Saturday/Sunday) will be dealt with the following Monday morning.

PLEASE FAX REQUEST TO: 604-894-6033