



**GIFT CARD ORDER FORM**

Complete this form and either mail or fax to: El Gaucho Portland  
319 SW Broadway | Portland, Oregon 97205 | 503.227.8794 / Fax: 503.227.3412

Once we receive your completed order form, we will process your order by the next business day.  
We will send you a confirmation notice via email or telephone. Your orders will be sent out via regular USPS.

Date: \_\_\_\_\_ Total amount to be charged to your credit card: \$ \_\_\_\_\_

**BILLING INFORMATION:**

Card Type (check only one): Visa: \_\_\_\_\_ M/C: \_\_\_\_\_ Amex: \_\_\_\_\_ Disc.: \_\_\_\_\_ Diners: \_\_\_\_\_ JCB: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**MAILING ADDRESS/TO RECEIVE GIFT CARDS:**

**GIFT CARD #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gift Card Value: \_\_\_\_\_ Gift Card Quantity: \_\_\_\_\_

Message: \_\_\_\_\_

Check here if address is same as billing address

**GIFT CARD #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gift Card Value: \_\_\_\_\_ Gift Card Quantity: \_\_\_\_\_

Message: \_\_\_\_\_

Check here if address is same as billing address

**GIFT CARD #3:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gift Card Value: \_\_\_\_\_ Gift Card Quantity: \_\_\_\_\_

Message: \_\_\_\_\_

Check here if address is same as billing address

**List any special instructions:** \_\_\_\_\_