



Thank you for your interest in purchasing a gift card for Lugo Caffe. Please provide us with the requested billing and shipping information below and email or fax the completed form to:

nschindler@lugocaffe.com **or**
212-629-6618, Attention: Nicole Schindler.

Name on Credit Card: _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Contact Phone: _____

Shipping Address(if Different than Billing Address):

Please provide us with any special message you would like us to relay on your behalf: _____



I _____ give Lugo Caffe restaurant
the authorization to charge my credit card in the amount of
\$_____ as payment for a gift card.

Signature: _____

Please indicate your mailing preference:

_____ Priority Mail (please include \$5.00 for S & H)

_____ Fed Ex (please include \$25.00 for S & H)

_____ Regular Mail – no additional charge

_____ I will pick up the Gift Card myself on

_____ (Date) at _____ (Time)