



Name of Recipient: _____

Address: _____

Telephone: _____

Name of Purchaser: _____

Address: _____

Telephone: _____

Date to Recieve By: _____

Amount of Purchase: _____

Address to Whom Gift
Certificates are to be Mailed: _____

PLEASE CHOOSE A SHIPPING METHOD

REGULAR MAIL (Signature required that Unicoi Lodge is not responsible for Gift Certificates lost or delayed in mail.)

FREE

CREDIT CARD INFORMATION

American Express Discover Mastercard Visa

Card Number: _____ Exp. Date: ____ / ____

Security Code: _____

A copy of the front & back of the credit card used is required.

CARD HOLDER & AUTHORIZED SIGNATURE

Printed Name

Signature

Card Holder Phone Number: _____

Billing Address: _____

Address

City

State

Zip Code