

GIFT CARD PURCHASE FORM



Please complete the form below and fax to (202) 525-5438.

Purchaser Information

Full Name: _____

Telephone: _____

Address: _____

Payment Method: VISA Mastercard
 Discover American Express

Card Number: _____ Expires: _____

Gift Card Amount(s): _____

Delivery Information

Full Name: _____

Address: _____

Notes: _____

*We will contact you by phone to confirm
your purchased gift card has been sent.*

I hereby authorize Masa 14 to charge my credit card as shown above for said purchase amount.

Cardholder Signature

Date