Leon's Restaurant of New Haven, LLC
501 Long Wharf Drive
New Haven, CT 06511
(203) 562-LEON
Fax (203) 562-0552

Gift Certificate Order Form

Customer Information

Name: _____

Home Telephone: ( ) _____ **Alternate Telephone**: ( ) _____

Address: _____
Street *City* *State* *Zip Code*

Email address: _____

Billing Information

❑ **Cash** ❑ **Check #** _____

❑ **Credit Card**: Please circle one Visa MasterCard AMEX Discover

Name on Credit Card: _____

Billing Address: _____
Street *City* *State* *Zip Code*

Credit Card Number: _____

Expiration Date: _____

Number of Gift Certificates: _____

Dollar amount of each card: $_____

Certified delivery $5.00 per address $_____(optional)

Total: $_____

By signing this order form, I authorize the total dollar amount above to be charged to my credit card.

_____
Signature *Date*

Recipient Information

Name: _____

Mailing Address: _____
Street City State Zip Code

Gift Card Message *(Optional):*

_____

_____

12/14/07