

Shoreline
Helping Hands
GIFT CARD APPLICATION

Purchaser Information:

First Name: _____ Last Name: _____
Street Address _____ APT/BLDG # _____
City/Town _____ State _____ Zip Code _____
Phone Number _____ Mobile Number _____
E-Mail Contact: _____

Message on Gift Card: _____

Subscriber Information: (if same as **Purchaser Information**, please skip this section)

First Name: _____ Last Name _____
Street Address _____ APT/BLDG # _____
City/Town _____ State _____ Zip Code _____
Phone Number _____ Mobile Number _____

Method of Payment: (please check one)

===== **Credit Card** =====

_____ Master Card _____ VISA _____ American Express

Credit Card Number: _____ Exp. Date _____

3 Digit Authorization Code: _____ Dollar Amount of Gift Card: _____
(\$50 Minimum)

Authorized Signature _____

===== **Check or Cash** =====

_____ Check Check Amount _____ Check Number _____

_____ Cash Dollar Amount _____

Office Use Only:
CC Verbal Auth Obtained By Phone: Y or N Date/Time Verbal Auth. Rec. _____
CC Verbal Auth Received By: (Employee Signature) _____