



**Gift Card Purchase/Billing/Shipping Information**

Date: \_\_\_\_\_ Date Required By: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Options**

Note: We will take payment by email only. The signature below authorizes Jam Café on Beatty Ltd. to charge the below account for products and/or services provided. Please complete the billing information required. **A Photocopy of the Credit Card, Front & Back is required.**

Visa \_\_\_\_\_ American Express \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Printed Cardholders Name: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

**Order Request:**

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_      \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_      \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

**Total = \$ \_\_\_\_\_**

**Delivery Options:**

**Pick up:** \_\_\_\_\_ **Courier:** (must be arranged by purchaser) \_\_\_\_\_

**Jam Café Victoria**

(778) 440-4489

jamcafe@shaw.ca

**Jam Café on Beatty**

(778) 379-1992

jamcafeonbeatty@shaw.ca

**Jam Café Kitsilano**

(604) 423-3350

jamcafekitsilano@shaw.ca