



GIFT CARD FORM

To: _____ From: _____

Amount: _____

Message: _____

Please provide us with an email address where you would like us to send you your receipt:

Email Address: _____

Please complete the following information:

Credit Card Number/Type: _____

Expiration Date: _____

Name as it Appears on Card: _____

Billing Address: _____

Contact Phone Number: _____

Shipping Address: _____

Check Preferred Shipping Option:

- US Mail - \$1.75
- FedEx 2 Day - \$15.00
- FedEx Ground - \$10.00
- FedEx Overnight - \$20.00

By signing below, I authorize The Alexander to charge the above mentioned to the credit card listed above.

Authorized Signature: _____ Date: _____

Please fax this form at your earliest convenience.

Email: alex.guestservices@dolce.com Fax: 317.624.8201
Reservations: 855.200.3002 Local Number 317.624.8200