

Ember Restaurant Gift Card Order Form

Cardholder's name _____

Billing Address _____

Circle One: Visa Mastercard American Express

 Discover Personal Check Cash

Credit Card Number _____

Expiration Date _____

Home Phone _____

Work Phone _____

Dollar Amount _____

Issued To _____

Note _____

Gift Card From _____

Delivery Address
Name _____

Address _____

Please fax completed form to 304.572.2322
Attn : Rico Koepp

Or mail to: Ember Restaurant
Attn : Rico Koepp
PO Box 9
Snowshoe, WV 26209