



Gift Card Request Form

COMPLETE AND RETURN TO ADELMAN VACATIONS – FAX TO (866) 326-5028

Date	
Date Needed	

GIFT CARD INFORMATION:

Purchaser Name	
Purchaser Email	
Phone	
Dollar Amount	\$

DELIVERY INSTRUCTIONS:

Return Via	<input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight
Mailing Address <i>(if different than above)</i>	

For Office/Accounting Use:

Card # _____ / Issue Date _____
Accounting: Please process payment and return this form to Vacations marketing for logbook.

Accounting Initials _____ Charge Date _____