



A Rare Collection of Distinctive Hotels

Gift Certificate Request Form

- Name of purchaser: _____
- Phone (AM): _____ (PM): _____ (Fax): _____
- Name of Recipient: *(will appear on certificate)* _____
- Name of Giver: *(will appear on certificate)* _____
- Name & Address to mail certificate: _____

- Special Message from Giver *(Will appear on certificate)*: _____

Overnight delivery requested. *Please note extra charge will be billed to your credit card by overnight service utilized.*

Please indicate desired flat dollar amount applied to certificate: _____

Please select desired property:

Monterey Bay Inn

Spindrift Inn

Victorian Inn

Form of payment: _____ cash _____ credit card

PAYMENT INFORMATION: CREDIT CARD PAYMENTS MUST INCLUDE FRONT & BACK COPY OF CARD TO PROCESS. I HEREBY AUTHORIZE THE INNS OF MONTEREY TO CHARGE MY CREDIT CARD FOR THE ACCOMMODATIONS OR AMENITIES.

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

SIGNATURE OF CARDHOLDER: _____

PLEASE MAIL OR FAX BACK THIS FORM TO RESERVATIONS

555 ABREGO ST, MONTEREY, CA 93940 * PH (800) 232-4141 * FAX (831) 655-8174

w w w . i n n s o f m o n t e r e y . c o m