



## Gift Card Order Form

Please print this form, fill out and sign. Email completed form to [customerservice@dorismarket.com](mailto:customerservice@dorismarket.com) or fax to 954-572-5267.

This notice is to verify my authorization to use my credit card for payment of my purchase with Doris Italian Market.

My name is \_\_\_\_\_

My credit card type: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV # (3 or 4 digit security #) \_\_\_\_\_

Gift Card Amount: \_\_\_\_\_

Shipping & Handling Fee: \$3.00

Total Amount: \_\_\_\_\_

\_\_\_\_\_  
Signature

Mail gift card to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Choose Gift Card Design:**

\_\_\_\_\_ **Red, White, & Green**

\_\_\_\_\_ **Steak**

\_\_\_\_\_ **Holiday**