



# SANGAM RESTAURANT

## GIFT CERTIFICATE ORDER FORM

**GIFT PURCHASER:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

TEL: Home: \_\_\_\_\_

TEL: Office: \_\_\_\_\_

**ORDER BY FAX:**

For credit card orders, you may fax  
the completed order form to :  
703-524-2738

**ORDER BY MAIL:**

For payment by mail, send your check or  
credit card information and the completed  
order form to:  
Sangam Restaurant  
1211 N. Glebe Road  
Arlington, VA 22003

**GIFT CERTIFICATE #1: \$\_\_\_\_\_Amount**

**GIFT RECIPIENT:**

To: \_\_\_\_\_

From: \_\_\_\_\_

Message: \_\_\_\_\_  
\_\_\_\_\_

Please write the text as you want the gift certificate to read

**MAILING INFORMATION:**

**PURCHASER**

**RECIPIENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**GIFT CERTIFICATE #2: \$\_\_\_\_\_Amount**

**GIFT RECIPIENT:**

To: \_\_\_\_\_

From: \_\_\_\_\_

Message: \_\_\_\_\_  
\_\_\_\_\_

Please write the text as you want the gift certificate to read

**MAILING INFORMATION:**

**PURCHASER**

**RECIPIENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**PAYMENT INFORMATION:**

The total amount due for the gift certificate(s) ordered: \$\_\_\_\_\_.

Enclosed is my check made payable to "Sangam"

I would like to pay by credit card

Please charge my:  American Express  MasterCard  VISA  DISCOVER

\_\_\_\_\_  
Credit card number:

\_\_\_\_\_  
Expiration date:

\_\_\_\_\_  
Signature of authorized buyer