

PROSPECT RESTAURANT

GIFT CERTIFICATE FORM

NAME: _____ DATE: _____

PHONE #: _____ FAX/EMAIL: _____

Please complete the following information and send or fax to:
Prospect Restaurant, 300 Spear Street, San Francisco, CA. 94105
Email: info@prospectsf.com Fax (415) 247-7760

I, _____ authorize Prospect Restaurant to charge my credit card account for a Gift Certificate in the amount of \$ _____

Recipient Name and Address:

Send Receipt to:

Name on Card: _____

Signature by cardholder: _____

Card Type: Amex ___ MC ___ Visa ___ Diners ___ Discover ___

Card Number : _____

Exp. Date: _____

Message: _____

Prospect Restaurant, 300 Spear Street, San Francisco, CA. 94105
Ph. (415) 247-7770, Website: www.prospectsf.com
Email: info@prospectsf.com
Private Dining Room Email: pdr@prospectsf.com