



85 West Broadway
New York, NY10007
Ph. 212.204.5555

GIFT CARD ORDER FORM

Your Name: _____

Phone Number: _____ E-mail: _____

Name of Recipient: _____

Please Indicate Whether You Would Like To:

Pick it Up: _____

Or Have it Mailed Directly: (Please Provide Address)

Gift Card Amount: _____

Credit Card Number: _____

Expiration Date: _____

I, _____, authorize Plein Sud to charge my credit
card for \$ _____.

**Please e-mail this sheet to Claudia@pleinsudnyc.com with a readable copy of the
front and back of your credit card. Thank You.**

Signature: _____