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Gift Card Request Form

Purchaser Information (Please Print Clearly)

Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Mailing Address (for a receipt):

Credit Card Type: Visa MasterCard AMEX Discover

Credit Card Number: _____ Expiration Date: _____

Credit Card Security Code: _____

Amount of Gift Card: \$ _____

Billing Address (if different from mailing address):

Recipient Information

Name: _____

Mailing Address (where you want the gift card sent):

Please fax back this form to **202.337.1573** or email to Info@MaximeDC.com.

If you have any questions, please call us at **202.337.1571/1572**