



GIFT VOUCHER

GIFT VOUCHER DETAILS

PURCHASER'S NAME _____

CONTACT NUMBER _____

NAME OF RECIPIENT(S) _____

SALUTATION _____

(HAPPY ANNIVERSARY, _____

LOVE FROM, ETC) _____

GIFT AMOUNT IN \$AUD _____

SEND VOUCHER TO _____

(NAME & ADDRESS) _____

WITH RECEIPT

WITHOUT RECEIPT

CREDIT CARD DETAILS

AMEX

MASTERCARD

VISA

CREDIT CARD TYPE _____

CREDIT CARD NUMBER _____

EXPIRY _____ CCV _____

CARD HOLDERS NAME _____

CARD HOLDERS SIGNATURE _____

THE GIFT VOUCHER IS VALID FOR 12 MONTHS FROM THE DATE OF PURCHASE

PLEASE FAX YOUR ORDER TO (02) 9415 8209 OR EMAIL RESERVATIONS@CAFELYON.COM.AU

YOUR GIFT VOUCHER WILL BE POSTED THE NEXT WORKING DAY

366 PACIFIC HWY, LINDFIELD 2070

T: (02) 9416 5026

W: www.cafelyon.com.au

ABN: 50 132 022 603