

Restaurant Gift Certificate Order Form

Name: _____

Address: _____

Phone: _____

Email: _____

Please select denomination and quantity of desired gift certificates.

1. KOMA Japanese Steakhouse

\$25:	Qty: _____	\$ _____
\$50	Qty: _____	\$ _____
\$75	Qty: _____	\$ _____
\$100	Qty: _____	\$ _____

Total KOMA Certificates Ordered: _____

Total KOMA Order: \$ _____

2. Ginza Japanese Cuisine

\$25:	Qty: _____	\$ _____
\$50	Qty: _____	\$ _____
\$75	Qty: _____	\$ _____
\$100	Qty: _____	\$ _____

Total Ginza Certificates Ordered: _____

Total Ginza Order \$ _____

2. Lisa's Crown & Hammer

\$25:	Qty: _____	\$ _____
\$50	Qty: _____	\$ _____
\$75	Qty: _____	\$ _____
\$100	Qty: _____	\$ _____

Total Lisa's Crown & Hammer Ordered: _____

Total Crown Order: \$ _____

Total Gift Card Order: \$ _____

Method of Delivery:

_____ Pick up at main office

_____ Mail to address above

Deadline to order: TUESDAY, May 21, 2019

All orders processed at the end of the order period.

Direct questions to maurastamm@sbcglobal.net