



176 Rinaldi Blvd ~ Poughkeepsie, NY 12601
Phone: (845) 486-9500 ~ Fax: (845) 486-9501
www.shadowsonthehudson.com

Gift Card Request Form

I would like to purchase a gift card in the amount of \$ _____

Name on Credit Card: _____

Credit Card # : _____

Expiration Date: _____ Telephone Number: _____

Signature: _____ Date: _____

By my signature on this form, I hereby authorize Shadows on the Hudson to charge my Credit Card for the amount indicated above. This signature is in lieu of my signing the credit card slip for the merchant.

Please mail my gift card to: _____

Please Return by Fax to: 845.486.9501 Or Mail to: Shadows on The Hudson
176 Rinaldi Blvd
Poughkeepsie, NY 12601

Once we receive this form back, we will process the charge to your credit card and mail your gift certificate. Please note that we cannot guarantee the actual delivery of the gift card thru the mail and that you assume full ownership of the gift card at the time it is mailed.

*****Office Use Only*****

Mailed by: _____ Mailed on: _____ GC#: _____