

HILLENDALE

Gift Card Form

To: _____

From: _____

Please indicate Gift Card amount: \$ _____

Please mail Gift Card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Method of Payment:

- ◇ My Check/Money Order is Enclosed
- ◇ Please Charge My (circle one): Visa MasterCard

Account Number: _____

Name (as it appears on card): _____

Expiration Date: _____ Last 3 digits on back of card _____

Signature: _____

Phone Number: _____

Email: _____

For additional gift cards, please use a separate form.

Please send completed form to:

Mail: Hillendale Golf Course, 218 N. Applegate Road, Ithaca, NY 14850 or

Fax: (607) 272-1209

Email: info@hillendale.com

PLEASE NOTE: If ordering gift card between November 1st and April 1st, please send completed form to:

Email: mrynovickas@aol.com