

Gift Voucher

This form can be submitted via:

Fax: (08)8231 5475
E-mail: info@strath.com.au
Post: 129 North Tce ADELAIDE SA 5000

Amount of Gift Voucher \$ _____ (Minimum \$10 – Maximum No limit)

Name on Voucher: _____ Postal Address: _____

Purchasers Telephone: _____ Purchasers Mobile: _____

Purchasers Email: _____ Purchasers Fax: _____

Message on Gift Voucher _____

From _____

Mailing Address for Gift Voucher:

Payment Details

TYPE OF CARD (please circle):

AMEX VISA MASTERCARD DINERS

Name on card: _____

Card Number: ____/____/____/____ Card Expiry: ____/____ (CRN) _____

Signature: _____ Date: _____

By signing this document I agree with the terms and conditions of the Strathmore Hotel.

Name (please print): _____ Signature: _____

Date: _____

**PLEASE FAX COMPLETED FORM TO 8231 5475 or email info@strath.com.au
Gift Voucher will be mailed the next business day.
Product delivery will be made as per the date specified.**

Office Use: Processed Y

Name:

Date: