



Attention: Reservations Fax No: 08 8231 9169

From: _____

Date: _____

Gift Voucher Purchase

In order to purchase a gift certificate from the Crown & Sceptre Hotel, we require that all of the following information be supplied.

Please fax the completed form back, details listed above.

Person requesting Gift Voucher _____

Contact Phone Number _____ Member Number (if applicable) _____

Email Address _____

Message you would like on the Voucher

(Please use an additional page should you require more space)

Collection/Delivery Details

If you would like to collect the voucher from the hotel, please nominate a date for collection. _____

If you would like us to post the voucher, please write the details below.

Street: _____

Suburb: _____ Postcode: _____

Payment Details

Name on Card _____

Amount of Voucher Total \$ _____

Please indicate method of payment

Cheque Enclosed Y/N or Cash Paid in Person or

Credit Card Visa Diners Amex Expiry Date: _____

Credit Card Number: _____