

# 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](mailto:info@hillendale.com)

**PLEASE NOTE:** If ordering gift card between November 1<sup>st</sup> and April 1<sup>st</sup>, please send completed form to:

Email: [mrynovickas@aol.com](mailto:mrynovickas@aol.com)