



PLEASE COMPLETE AND MAIL GIFT CERTIFICATE REQUEST FORM TO:

Bob-O-Link Golf Club, Inc.
4085 Transit Road
Orchard Park, NY 14127
(716) 662-4311

GIFT CERTIFICATE REQUEST FORM

DATE: _____
 NAME OF PURCHASER: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 TELEPHONE NUMBER: _____
 EMAIL ADDRESS: _____
 AMOUNT OF GIFT CERTIFICATE: \$ _____

PAYMENT METHOD: (Check appropriate boxes)

- Check Enclosed Payable to “Bob-O-Link Golf Club, Inc.”
 Check Number: _____ Check Amount: \$ _____
- Credit Card (Accept Mastercharge or VISA only):
 Mastercharge _____ VISA _____
 Credit Card Number: _____
 Expiration Date: _____
 Name on Credit Card: _____
 Signature (required): _____

MAIL GIFT CERTIFICATE TO:

_____ Same name and address as above OR,
Put my name under Gift From and the following name under Gift For and mail to:
 Name: _____
 Address: _____
 City, State, Zip Code: _____

Internal Use Only:

Date Request Received	
Date Certificate Mailed	
Gift Certificate Amount	
Gift Certificate Number	
Expiration Date	
Authorized By	

THANK YOU FOR ALLOWING US TO BE OF SERVICE!