

Gift Card Request Form

Please e-mail completed form to DestinationServices@OceanHouseRI.com

Please allow 24 hours to process all gift card requests.

Purchaser

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Recipient

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Information

Card Type: American Express Discover MasterCard Visa

Number: _____ Expires: _____

Name on Card: _____

I authorize Ocean House to charge my credit card for the gift card services listed below.

Cardholder Signature: _____

Detailed Information

Amount of first gift card: \$ _____ . _____

Amount of second gift card: \$ _____ . _____

Amount of third gift card: \$ _____ . _____

Include hotel brochure: Yes No

Personalized Message: Yes No

Message: _____

Mailing Instructions

Mail to: Purchaser Recipient Picking up at Hotel

Name of individual picking up gift card(s): _____

Shipping & Handling

FedEx Two-Day Shipping Add \$35 for shipping and handling fees, including gift box.

FedEx Ground Add \$20 for shipping and handling fees, including gift box.

Yes, I would like to receive an e-mail notification with tracking number

E-Mail: _____

Blue indicates a required field. Form cannot be processed without completed selection.

Please allow 24 hours to process all gift card requests.

(FOR INTERNAL USE ONLY)

Processing Information

Call Received On: ____/____/____ By: _____

Call Processed By: ____/____/____ By: _____

Date Mailed: ____/____/____

Logged: Yes No

In GC Log: Yes No

E-Mailed: Yes No

GC Ref #: _____ Folio #: _____ Certificate #: _____