

Gift Voucher Order Form & Credit Card Authority



To the Value of \$ _____

Please note vouchers are valid for 36 months from the date of purchase

Name of purchaser : _____

Contact number: _____

E-Mail address: _____

Full name of recipient : _____

Address of recipient : _____

Message on Voucher: _____

Voucher to be sent by:

Regular Mail | Express Mail \$6.00 | Email _____

Voucher to be sent to: Purchaser | Recipient

Address to be sent to:

I authorise Cape Lodge to charge my Credit Card as outlined below:

Cardholder name: _____

Card Type: VISA* | MASTERCARD* | AMEX* |

***Please be advised that all Credit Cards incur a 1.60 % surcharge**

Card Number:

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Expiry date: ____ / ____

Cardholder's Signature: _____

Please return your completed form to: stay@capelodge.com.au

3341 Caves Road, Yallingup WA 6282 Tel: (08) 9755 6311
Email: stay@capelodge.com.au Website: www.capeLodge.com.au