



Plum Creek

GIFT CARD REQUEST FORM

Dear Plum Creek Representative,

Please accept this notice as authorization to charge my credit card in the amount listed below in the form of a gift card.

CARDHOLDER/PURCHASER INFORMATION:

Name _____ Date _____

Billing Address _____ Billing Zip _____

Credit Card # _____ Expires _____ Security Code _____

Visa/MC/AMEX/Discover

Phone# _____

Amount Charged To Above Credit Card \$ _____ Signature _____

RECIPIENT OF GIFT CARD:

Name _____

CARD TO BE MAILED: Yes/No **OR** **PICKED UP AT PLUM CREEK:** Yes/No

IF MAILED, TO WHOM:

Name: _____

Address: _____

City _____ St _____ Zip _____

Please Email Gift Card Request Form to the below Address:

Email proshop@golfplumcreek.com

Administrative Use Only

Staff Member Who Processed Gift Card: _____

Gift Card # _____

Date Mailed Out (If Applicable): _____

331 Players Club Drive ~ Castle Rock, Colorado ~ 80104
303.660.2200 ~ proshop@golfplumcreek.com
www.golfplumcreek.com