



1409 E Cary St
Richmond Va 23219

GIFT CARD CREDIT CARD AUTHORIZATION

I, _____ would like to purchase ____ gift card in the amount of _____

I authorize Europa to bill my card plus \$.50 postage to the credit card number below:

Type of Card: _____

Card Number: _____ Exp Date: _____

Name on Card: _____

CID: _____

Email: _____

Phone Number: _____

Signature: _____

Address for gift card to be mailed to:

Information for Gift Card Jacket (if going directly to recipient):

To _____

From _____

Message _____