



Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date to Recieve By: \_\_\_\_\_

Amount of Purchase: \_\_\_\_\_

Address to Whom Gift  
Certificates are to be Mailed: \_\_\_\_\_

### PLEASE CHOOSE A SHIPPING METHOD

**REGULAR MAIL** (Signature required that Amicalola Falls Lodge is not responsible for Gift Certificates lost or delayed in mail.)

**FREE**

### CREDIT CARD INFORMATION

American Express     Discover     Mastercard     Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_

*A copy of the front & back of the credit card used is required.*

### CARD HOLDER & AUTHORIZED SIGNATURE

Printed Name

Signature

Card Holder Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address

City

State

Zip Code

418 Amicalola Falls Lodge Road Dawsonville, GA 30534 | Phone: 706-265-8888

Reservations: [www.amicalolafallslodge.com](http://www.amicalolafallslodge.com)