Green Valley Cinema Gift Card Request Form

Please fill out the information below and mail your gift card request form to 1125 South Green Valley Road, Watsonville, CA 95076

Name:					
Address:					
City:	State:		Zip Code:		
Home Phone:	Cell Phone:				
Work Phone:	E-mail:				
Where Do You Want Your GVC	Card maile	d?			
To you or someone else as a g	ift?				
Notes:					
Amount of gift card: 1.)	2.)	3.)	4.)	5.)	
Would you like us If so,			rd to anothe	er address?	
Name:					
Address:					
City:	State:		Zin Code:		

Service/Handling Fee of \$1.00 Minimum Card Amount \$10.00 up to \$200.00

Please mail this form to
Green Valley Cinema
1125 South Green Valley Road, Watsonville, CA 95076
ATT: General Manager