

Gift Certificate Authorization Form

A gift to:	(Name of Recipient)
From:	
Amount: \$	_ (USD)
I, authorize the Library Hotel to charge my credit card for the amount listed above plus \$7 shipping and handling (Rush delivery & International available for an additional charge to be determined).	
Billing Information	
Credit Card #	Exp Sec. Code
Name on Card	
Billing Address	
Contact Phone	
Email	
Cardholder Signature* *Please note the Gift Certificate expires three (3) years from date of purchase.	
Gift Recipient Please complete this section only if you would prefer the gift certificate and brochure be mailed directly to the recipient. Otherwise, delivery will be made to the billing address above.	
Recipient's Name	
Address	
Special Message	

Please complete this form and return it to Library Hotel as follows:

Justin Scimeme Library Hotel 299 Madison Avenue New York, NY 10017 Justin@LibraryHotel.com Ph 212-983-4500 Fax 212-204-5401