



Gift Certificate Authorization Form

A gift to: _____ (Name of Recipient)

From: _____ (As you would like it to appear on the gift certificate)

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 _____

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 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 the 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