

Blue Moon Bistro Gift Card Refund

Gift Card Information: Please print clearly with blue or black pen.

Gift Card Amount \$ _____
Gift Card # _____ (on the back right corner)
Name: _____
Address: _____ _____
City, State, Zip code _____
Telephone # _____ (in case of questions)
Signature of Card Holder _____ Date _____

Please mail this Signed Form with the 2 items listed below to:

Blue Moon Bistro
c/o Peter Hyde
51 Trowbridge Path
West Yarmouth, MA 02673

- 1. Include a self-addressed envelope with a First Class Postage Stamp attached.**
- 2. Include the actual Gift Card for redemption.**

The Gift Card will be processed on our system to show its value. We will mail a check to the address above for the amount that has been recorded on the card. We will retain the Gift Card and this information for our records.

We hope that this process is convenient for you, and we will expedite it as quickly as possible.

Blue Moon Bistro ☪ 605 Route 6A ☪ Dennis Village, MA 02638 ☪
www.bluemoonbistro.net