



GIFT CARD FORM

Date _____

Last Name _____ First Name _____

Street _____ Apt. _____ City _____

State _____ Zip _____ Phone _____

Amount \$ _____

Payment Method

Amex Master Visa Dinners Cash

Card Number

_____ Expiration Date /

Mailing Address (if different from above)

Last Name _____ First Name _____

Street _____ Apt. _____ City _____

State _____ Zip _____ Phone _____

435 Hudson Street (at Leroy)
New York, NY 10014

tel 212 647 9196
fax 212 647 7550
www.enjb.com