

STONEWALL JACKSON
HOTEL & CONFERENCE CENTER

Gift Certificate Credit Card Authorization Form

Credit Card Type: _____ AX _____ MC _____ VISA _____ DC _____ DS

Credit Card Number: _____ Exp. Date: _____

Card Holder's Name as it Appears on the Credit Card

Card Holder's Address (Include Street, City, State and Zip Code)

I hereby authorize Stonewall Jackson Hotel & Conference Center to charge my credit card for:

_____ \$265.00 Shakespeare Package Gift Certificate

_____ \$189.00 Bed & Breakfast Package Gift Certificate

Certificates are also available in \$10 and \$50 increments

_____ X \$10 = \$ _____ _____ X \$50 = \$ _____

Please choose a shipping method:

Regular Mail	\$2.50	<input type="radio"/>
Federal Express (2-3 business days)	\$16.00	<input type="radio"/>
Federal Express Overnight (by 3PM next business day)	\$23.00	<input type="radio"/>

Address to be mailed to: _____

I hereby agree to pay all charges as indicated on the above credit card under the terms and conditions established by the card holder.

Card Holder's Signature

Date

Please return to:
Stonewall Jackson Hotel & Conference Center
Attention: Reservations/Accounting
24 N. Market St. Staunton, VA 24401
Fax: 540.885.4840