



Lakeside Inn

Mount Dora, Florida
Since 1883

GIFT CERTIFICATE

RETURN BY MAIL, FAX

OR SCAN & EMAIL TO

INFO@LAKESIDE-INN.COM

www.101GiftCertificateTemplates.com

CARD HOLDERS NAME: _____

CC Billing Address: _____

City, State, Zip: _____

Telephone #: _____

Email address: _____

GIFT CERTIFICATE TO: _____

AMOUNT: _____

DESCRIPTION: _____ (Happy Birthday, Anniversary, etc.)

CARDHOLDERS SIGNATURE: _____

TODAY'S DATE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

Mail to Gift Card Recipient Address Below:

City, State, Zip: _____

100 N. ALEXANDER STREET · MOUNT DORA, FL 32757

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