

State Room Gift Card Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Secondary Phone # _____

Amount of Gift Card \$ _____

Where would you like the Gift Card sent? Address above or a different address?
If a different address, please fill out portion below.

Name of Recipient _____

Address _____

City _____ State _____ Zip _____

Special note to be written inside the Gift Card _____

Credit Card Authorization

By signing below, I authorize the Kellogg Hotel & Conference Center to charge my credit card for the following purchase.

Total Amount Charged \$ _____ Type of Credit Card _____

Credit Card # _____ Exp Date ____ / ____

Signature of Authorized Card User _____

Print Full Name as it Appears on Card _____

Billing Address of Card Holder (if different from above)

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