

PRE-SEASON RATE FOR ADDITIONAL MEMBERSHIPS \$39!



GIFT Application

Membership is \$70. Using this special offer **SAVE \$31**. Purchase your first membership at \$49 (+3.95 processing) and additional/gift memberships are only \$39 (+3.95 processing).

Mail to: Phoenix Fine Dining Group
7119 East Shea Boulevard Suite 109-669
Scottsdale, Arizona 85254

Recipient Name _____	Purchaser Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (internal use only) _____	Phone (internal use only) _____
E-mail (for special offers) _____	E-mail (for special offers) _____

Please mail to: Recipient Purchaser

Gift Card Message: _____

To Order By Phone:
Call **480.481.3000** Monday through Friday, 10AM-4PM

To Order By Mail:
Purchase your first membership at \$49 (+3.95 processing) = \$52.95 and you are eligible to purchase additional/gift memberships for \$39 (+3.95 processing) = \$42.95

Enclosed is my check for \$39 (+3.95 processing) = \$42.95
Check payable to: **Phoenix Fine Dining Group**

Charge my: American Express* MasterCard* VISA* Discover*

Card Number

CID _____ Expiration Date

of Memberships _____ Amount \$ _____

Signature (required for charge card)

For more information visit our website: phoenixfinedining.com **W**



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PRE-SEASON RATE TO REFER A FRIEND \$49!

PREFERRED RESTAURANTS® NEW MEMBER Application

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (internal use only) _____

E-mail (for special offers) _____

Sponsor's Name _____

Sponsor's Address _____

Membership is \$70. Using this special offer **SAVE \$21**, your cost is \$49 (+3.95 processing) = \$52.95.

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Charge my: American Express* MasterCard* VISA* Discover*

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CID _____ Expiration Date

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PREFERRED RESTAURANTS® NEW MEMBER Application

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (internal use only) _____

E-mail (for special offers) _____

Sponsor's Name _____

Sponsor's Address _____

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Card Number

CID _____ Expiration Date

of Memberships _____ Amount \$ _____

Signature (required for charge card)

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