



## Enhancements

We look forward to enhancing your upcoming visit. Below are our most requested amenity options to personalize your stay. If you there are any needs or special requests you do not see listed below please do not hesitate to contact a member of the Hotel Giraffe Team directly.





## Enhancements

### Special Indulgences & Occasions

○ <b>Romantic Rendezvous**</b>	<b>\$120.00</b>
Includes rose petal turndown, chilled bottle of Prosecco and six chocolate dipped strawberries	
○ <b>Mylar Balloons</b>	<b>\$30.00</b>
Three Mylar Balloons to celebrate your special occasion	
○ <b>One Dozen Long Stemmed Red Roses</b>	<b>\$220.00</b>
Surprise your special someone with Twelve Long Stemmed Roses (Requires at least 48 hours advance notice)	
○ <b>Milk and Cookies</b>	<b>\$35.00</b>
Enjoy a delicious platter of chocolate chip cookies and a carafe of ice cold milk	
○ <b>Half a Dozen Chocolate Dipped Strawberries**</b>	<b>\$65.00</b>
Indulge yourself Six large strawberries hand dipped in milk chocolate	
○ <b>Artisan Cheese Plate**</b>	<b>\$95.00</b>
Enjoy a selection of artisan cheeses & crackers	
○ <b>Bouquet of Flowers</b>	<b>\$\$ Based on Your Preference</b>
Hotel Giraffe would be happy to arrange a beautiful bouquet of flowers to be delivered to your room! Please note there is a \$100.00 minimum plus taxes and fees for all bouquet deliveries	

\*Pricing excludes tax and is subject to a \$5.00 delivery fee.  
Some of these amenities require a minimum of 24 to 48 hours notice in order to arrange as they are purchased fresh and from an outside vendor. These amenities are noted with a \*\*  
Please let us know if you have any questions.



## Enhancements

### Order Form

We look forward to complimenting your upcoming visit. Kindly complete the Experience form below and send it either via email to [information@hotelgiraffe.com](mailto:information@hotelgiraffe.com) or fax it to 212-685-7771. A member of our concierge team will contact you within 24 hours to finalize the details. Should you wish to speak with concierge directly, please dial 212-685-7700.

#### Contact Information

Please contact me by  Email  Phone

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Address\* \_\_\_\_\_

Address (line 2) \_\_\_\_\_

City\* \_\_\_\_\_

State / Province\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_

#### Reservation Information

Name of Guest(s)\* \_\_\_\_\_

Arrival Date\* \_\_\_\_\_

Departure Date \_\_\_\_\_



## Enhancements

<input type="checkbox"/> Chilled Bottle of Prosecco	\$45.00	<input type="checkbox"/> Six Chocolate Covered Strawberries	\$65.00
<input type="checkbox"/> Cabernet Sauvignon	\$45.00	<input type="checkbox"/> Veuve Clicquot Brut	\$120.00
<input type="checkbox"/> Chilled Bottle of Chardonnay	\$45.00	<input type="checkbox"/> Milk and Cookies	\$35.00
<input type="checkbox"/> Moet Chandon Rose	\$120.00	<input type="checkbox"/> Artisan Cheese Plate	\$95.00
<input type="checkbox"/> 12 Long Stemmed Red Roses	\$220.00	<input type="checkbox"/> Mylar Balloons	\$30.00
<input type="checkbox"/> Romantic Rendezvous	\$120.00	<input type="checkbox"/> Hotel Giraffe Bath Robe	\$120.00
<input type="checkbox"/> Hotel Giraffe Mug	\$20.00		

### Bouquet of Flowers

o Amount you would like to spend: Minimum \$100.00 plus taxes and fees \_\_\_\_\_

o Types of flowers included in arrangement : \_\_\_\_\_

o Colors of flowers in arrangement: \_\_\_\_\_

### Special Requests:

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If selection is a gift, please provide a card message below.



## Enhancements

### **Credit Card Authorization Form**

I \_\_\_\_\_ hereby authorize Hotel Giraffe to charge my credit card for the enhancement selected.

Name of Guest (s): \_\_\_\_\_

**Please initial the charges you wish to apply to your credit card.**

All Amenity Charges & Service Fees\* \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Company: *(if applicable)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Diners \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Please send a photocopy of the cardholder's valid picture I.D along with the form. Please note the signature on the I.D must match the signature on this form. Please complete the form and return via fax to 212-685-7771 or email to [information@hotelgiraffe.com](mailto:information@hotelgiraffe.com).**