NMI Distinguished Service Award Order Form

(Type or Print Clearly; Verify Spelling and Addresses)

Church

District Name (in full)

Church ID Number

Date of Presentation

(To be placed on certificate)

Honoree's Name

\$125 per certificate

Please indicate number of duplicate certificates needed—\$25 per certificate.



Reason for Presentation — Please print exactly as it will appear on certificate; one character per box, including punctuation and spacing; do not split words between lines

Missionary Health Care (of which Distinguished Service Award is a part) is an Approved Mission Special.

Mail Certificate to:	Mail	Certificate	to:
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Name

Address

City

State/Province Postal Code

Daytime Phone

<u>E-mail</u>

In US, make check payable to: General Treasurer, Church of the Nazarene

Mail order form, remittance form, and check to: Global Treasury Services Church of the Nazarene PO Box 843116 Kansas City, MO 64184-3116

Sample text:

Everything above Honoree's Name does not need to be included in the Reason for Presentation

[Your Church Name] Church of the Nazarene

takes pleasure in presenting this certifcate to

Honoree's Name

This is the Reason for Presentation that you provide. Maximum 4 lines, 240 characters, counting spaces and punctuation. Multiple lines improve the certificate's appearance. Do not split words between lines.

In Canada, make cheque payable to **Church of the Nazarene Canada**

Mail order form, remittance form, and cheque to: Church of the Nazarene Canada 20 Regan Rd, Unit 9 Brampton, ON L7A 1C3

Please indicate if you prefer a certificate in: □ Spanish □ Portuguese

Delivery Times

Mail-in orders: 3-5 weeks Online orders: 5-10 business days www.nazarenemissions.org