

DISTINGUISHED SERVICE AWARD

Contribution Amount: **\$150.00** (14.405)

If at all possible, the presentation of the Distinguished Service Award should be made at the Governor's Official Visit to your division. This brings the DSA recipient the honor they deserve. The Governor makes a very special and personal award to each DSA recipient, which will be a highlight of the Governor's visit.

Name of Award Recipient*

**Please note, only the name of one individual (or two members of the same household) may appear as the recipient of a Kiwanis DSA. Please print the name of the award recipient(s), as it should appear on the award. Use one application per person.*

Date of Governor's Visit (or presentation date): _____ Date must be included or award cannot be processed

Name of the person or Kiwanis club who is the donor of this gift

Address (please include city, state and zip)

Division

If above is a Kiwanis club, please provide the name of the contact person: _____

Day Time Phone: _____

E-mail: _____

Please email me the tracking number.

Lt. Governor's Name: _____

E-mail: _____

Please Note: Your order will be shipped directly to your Lt. Governor in time for the Governor's Official Visit. If presentation will not be made at the Governor's Official Visit, please indicate shipping preference here:

Name: _____ Day Time Phone: _____

Address: _____

- This is a business address (preferred)
- This is a residential address

Amount Enclosed - Plaque @ \$150.00 (includes shipping & handling)

\$ 150.00

Payment Method -

Credit Card (We accept Visa, MasterCard, American Express and Discover)

Rush Charge @ \$20.00

\$ _____

If submitting an order less than ten (10) days prior to presentation date, please add \$20.00

Additional Postage @ \$15.00

\$ _____

If submitting an order less than five (5) days prior to presentation date, please add an additional \$15.00

Check (made payable to the Kiwanis Cal-Nev-Ha Foundation – please do not staple your check to this form.)

TOTAL

\$ _____

Cardholder Name _____

Signature _____

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Card Number

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Expiration Date

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Security Code*

*For American Express customers, the security code is the 4 digit code located above your credit card number on the front of your card; For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the back of your card.

Please print your **credit card billing address** on the line below. Thank You.