



KIWANIS CAL-NEV-HA FOUNDATION
 (619) 749-7290, ext. 116 FAX (619) 938-3855



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.

Please mail contributions to: Kiwanis Cal-Nev-Ha Foundation, 550 Fesler Street, Suite G-3, El Cajon, CA 92020-1959. Payment must accompany completed form. Please do not staple your check to this form. The Foundation Office must receive this application and payment fourteen (14) days prior to the Governor's Official Visit. A \$20.00 rush charge will apply for orders received less than 14 days prior to the Governor's Official Visit. We request that you do not fax this application unless using a credit card.

Name of Award Recipient: _____
Please print the name of the award recipient, as it should appear on the award. Use one application per person

Please check one:

Award recipient is a Kiwanian Kiwanis Club of: _____
 Community Member Title or Company Name: _____

Date of Governor's Visit (or presentation date): _____
Date is printed on the plaque - please be sure to include a date!

Contact Person: _____ Kiwanis Club of: _____

Day Time Phone: _____ E-mail: _____

Lt. Governor's Name: _____ E-mail: _____

Please check here if you would like the FedEx tracking number emailed to the contact person and your Lt. Governor

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: _____
No Post Office Boxes - Please be sure to include the city, state and zip code! This is a business address (preferred) This is a residential address

If you wish to use your American Express, Visa, MasterCard or Discover, please complete the following:

Cardholder Name _____ Signature _____

Card Number _____ Expiration Date _____ 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.