

# Programs and Member Services Commission



everychild.onevoice.

2327 L Street, Sacramento, CA 95816

916.440.1985 • FAX 916.440.1986 • info@capta.org • www.capta.org

## HONORARY SERVICE AWARD ORDER FORM

In purchasing an award through California State PTA, a donation is made to the California State PTA Scholarship and Grant Program in the honoree's name to assist in the education of other individuals.  
(When faxing orders use blue or black ink **only**.)

### SHIP TO:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Presented By \_\_\_\_\_ PT/PTSA Unit # \_\_\_\_\_  
(name of unit, council or district PTA)

Council \_\_\_\_\_ District PTA # \_\_\_\_\_

QTY.	AWARD (See Toolkit 7.6 for description)	PRICE	ADD PIN	TOTAL
	VERY SPECIAL PERSON AWARD ( <b>NO Certificate Available</b> )	15.00	<input type="checkbox"/> 8.00	
	HONORARY SERVICE AWARD CERTIFICATE	30.00	<input type="checkbox"/> 5.00	
	CONTINUING SERVICE AWARD CERTIFICATE	30.00	<input type="checkbox"/> 14.00	
	GOLDEN OAK SERVICE AWARD CERTIFICATE	60.00	<input type="checkbox"/> 20.00	

Prices subject to change WITHOUT notice. Prices include sales tax.  
Do NOT send coins, currency or postage stamps as payment for an order.

**TOTAL \$**

	Print or type name as desired to appear on certificate		CERTIFICATE TYPE	OFFICE USE ONLY AWARD NO.
	FIRST NAME	LAST NAME		
1			<input type="checkbox"/> HSA <input type="checkbox"/> CSA <input type="checkbox"/> GOSA	
2			<input type="checkbox"/> HSA <input type="checkbox"/> CSA <input type="checkbox"/> GOSA	
3			<input type="checkbox"/> HSA <input type="checkbox"/> CSA <input type="checkbox"/> GOSA	
4			<input type="checkbox"/> HAS <input type="checkbox"/> CSA <input type="checkbox"/> GOSA	
5			<input type="checkbox"/> HSA <input type="checkbox"/> CSA <input type="checkbox"/> GOSA	

**AWARDS ARE NOT MAILED TO RECIPIENTS • ALLOW 4 TO 6 WEEKS FOR DELIVERY**  
**RECIPIENT'S NAME MUST APPEAR ON THIS FORM • NO REFUNDS — NO EXCHANGES**

<b>PAYMENT REQUIRED WITH ALL ORDERS.</b>  <b>MAIL ORDERS</b> California State PTA 2327 L Street Sacramento 95816  <b>FAX ORDERS — 916.440.1986</b> <b>CREDIT CARD ONLY</b> <b>DO NOT MAIL FAXED ORDERS</b>  <b>FOR INFORMATION CALL</b> 916.440.1985 ext. 105 — <b>NO PHONE ORDERS.</b>	<b>METHOD OF PAYMENT</b> (Check appropriate box) Allow <b>4 to 6 weeks</b> for delivery.	
	<input type="checkbox"/> CHECK or MONEY ORDER payable to <b>California State PTA</b> —A fee of \$25.00 will be charged for any check returned due to insufficient funds. —Two signatures required on <b>ALL</b> PTA/PTSA checks.  <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA    CIN # _____ (PERSONAL Credit cards only)    Zip Code _____  _____/_____/_____ Credit Card Number    Exp. Date _____  Print Name _____ Signature _____	

### FOR OFFICE USE ONLY:

Authorization # \_\_\_\_\_ Ck # \_\_\_\_\_ AMT. \_\_\_\_\_  PTA  PER  
 Reference # \_\_\_\_\_ Invoice # \_\_\_\_\_ 2010