Kiwanis
Cal-Nev-Ha Foundation

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 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:* _____ *Div.:* _____

☐ *Community Member* *Title or Company Name:* _____

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: _____ Division: _____

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

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: _____

We cannot ship to 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

Please mail contributions to the address below. 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.

Payment Method -

☐ Check *(made payable to Kiwanis Cal-Nev-Ha Foundation – please do not staple your check to this form. Thank you!)*
☐ Credit Card *(We accept Visa, MasterCard, American Express and Discover)*

Cardholder Name _____ Signature _____

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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.