

NMI Memorial Roll Certificate Order Form

(Type or Print Clearly; Verify Spelling and Addresses)

Church _____ District Name (in full) _____

Church Identification Number _____ - _____ Date of Presentation _____

Honorees' Names (one per certificate unless otherwise noted—\$50.00 per person; duplicate certificates for the same person—\$25.00 per person)—**check box only if honoree is 18 or younger**

_____ _____ _____

_____ _____ _____

Mail-in orders—allow 4-6 weeks for delivery

Online orders <www.nazarenemissions.org>—3-11 business days for delivery

Missionary Health Care (of which the Memorial Roll is a part) is a Ten Percent Special.

Mail Certificate to:

Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Daytime Phone _____

E-mail _____

(As soon as your certificate is printed, you will be notified via e-mail.)

X-16

Make check payable to:

General Treasurer, Church of the Nazarene

Mail order form, remittance form, and check to:

General Treasurer, Church of the Nazarene

6401 The Paseo

Kansas City, MO 64131

In Canada, make check payable to:

National Board, Church of the Nazarene Canada

Mail order form, remittance form, and check to:

National Board, Church of the Nazarene Canada

20 Regan Road, Unit 9

Brampton, Ontario

CANADA L7A 1C3

Please indicate if you prefer a certificate in:

Spanish

Portuguese

For Office Use

MR _____

ISS _____

RE _____