NMI Distinguished Service Award Certificate Order Form

(Type or Print Clearly; Verify Spelling and Addresses)

Church Name

District Name _____

Honoree's Name

Date of Presentation

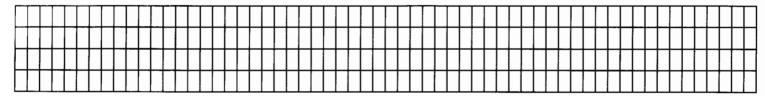
Church Identification Number

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

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

Missionary Health Care (of which the Distinguished Service Award is a part) is a Ten Percent Special.

Reason for Presentation—Please print exactly as it will appear on certificate; one character per box, including punctuation and spacing; do not split words between lines



Mail Certificate to:	
Name	
Address	
City	
State/Province	Postal Code
Daytime Phone	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E-mail	-
(As soon as your certificate is printed, you x-17	ou will be notified via e-mail.) 2005

Please indicate if you prefer
a certificat e in:

	Spanish	Portugues
J	Spanisn	Portugues

Make \$100 remittance 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

	For Office Use
MR ISS	
RE	

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 L7A 1C3
CANADA