

NMI Distinguished Service Award Order Form

(Type or Print Clearly; Verify Spelling and Addresses)

Church _____

District Name (in full) _____

Church ID Number _____

Date of Presentation _____

(To be placed on certificate)

Honoree's Name _____

Please indicate if you prefer a certificate in:

Spanish

Portuguese

Delivery Times
 Mail-in orders: 3-5 weeks
 Online orders: 5-10 business days
www.nazarene.org/nmi

\$125 per certificate

Please indicate number of duplicate certificates needed—\$25 per certificate.

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

Missionary Health Care
 (of which Distinguished Service Award is a part)
 is an Approved Mission Special.

Sample text:
 Everything above Honoree's Name does not need to be included in the Reason for Presentation

Mail Certificate to:

Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Daytime Phone _____

E-mail _____

[Your Church Name]
Church of the Nazarene

takes pleasure in presenting this certificate to

Honoree's Name

*This is the Reason for Presentation that you provide.
 Maximum 4 lines, 240 characters, counting spaces and punctuation. Multiple lines improve the certificate's appearance. Do not split words between lines.*

In US, make check payable to:
General Treasurer, Church of the Nazarene

In Canada, make cheque payable to
Church of the Nazarene Canada

Mail order form, remittance form, and check to:
**Global Treasury Services
 Church of the Nazarene
 PO Box 843116
 Kansas City, MO 64184-3116**

Mail order form, remittance form, and cheque to:
**Church of the Nazarene Canada
 20 Regan Rd, Unit 9
 Brampton, ON L7A 1C3**