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)

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.nazarenemissions.org

Honoree's Name _____

$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

[Your Church Name]
Church of the Nazarene

takes pleasure in presenting this certifcate 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.

Mail Certificate to:

Name _____

Address _____

City _____

State/Province **Postal Code** _____

Daytime Phone _____

E-mail _____

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

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

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

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