

NMI Memorial Roll Certificate 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

Use this form for ordering up to 8 certificates.

Honorees' Names

Only one name per Memorial Roll certificate.

Please circle name if
honoree is 12 or younger.

\$75 per person

Duplicate certificates for honorees are available for an additional **\$25 per certificate**.

In the box following the name, indicate the number of duplicates needed.

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Mail Certificate(s) to:

Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Daytime Phone _____

E-mail _____

Delivery Times

Mail-in orders: 3-5 weeks

Online orders: 5-10 business days

www.nazarenemissions.org

Missionary Health Care
(of which Memorial Roll is a part)
is an Approved Mission Special.

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**