California State PTA
everychild. onevoice.
930 Georgia Street, Los Angeles, CA 90015-1322 (213) 620-1100 • FAX (213) 620-1411 • info@capta.org • www.capta.org

# AWARD ORDER FORM

**SHIP TO:**

Name _____

Street Address _____

City _____ Zip _____

Contact Person _____ Phone (___) _____

Presented By _____ PTA/PTSA Unit# _____
*(name of unit, council or district PTA)*

Council _____ District PTA# _____

| QTY | AWARD | PRICE | ADD PIN | TOTAL |
|---|---|---|---|---|
| | VERY SPECIAL PERSON AWARD (**NO Certificate Available**) | 15.00 | ❑ 6.00 | |
| | HONORARY SERVICE AWARD CERTIFICATE | 30.00 | ❑ 4.00 | |
| | CONTINUING SERVICE AWARD CERTIFICATE | 30.00 | ❑ 10.00 | |
| | GOLDEN OAK SERVICE AWARD CERTIFICATE | 60.00 | ❑ 20.00 | |

**TOTAL $**

AWARDS ARE NOT MAILED TO RECIPIENTS
RECIPIENT'S NAME MUST APPEAR ON THIS FORM
ALLOW 4 TO 6 WEEKS FOR DELIVERY
NO REFUNDS — NO EXCHANGES

Prices subject to change WITHOUT notice. Prices include sales tax.
Do NOT send coins, currency or postage stamps as payment for an order.

| PRINT OR TYPE NAME AS DESIRED TO APPEAR ON CERTIFICATE<br>FIRST NAME LAST NAME | CERTIFICATE TYPE | OFFICE USE ONLY<br>AWARD NO. |
|---|---|---|
| 1. | ❑ HSA ❑ CSA ❑ GOSA | |
| 2. | ❑ HSA ❑ CSA ❑ GOSA | |
| 3. | ❑ HSA ❑ CSA ❑ GOSA | |
| 4. | ❑ HSA ❑ CSA ❑ GOSA | |
| 5. | ❑ HSA ❑ CSA ❑ GOSA | |

**PAYMENT REQUIRED WITH ALL ORDERS**

**MAIL ORDERS**
California State PTA
930 Georgia Street
Los Angeles, CA 90015-1322

**FAX ORDERS –** *CREDIT CARD ONLY*
*DO NOT MAIL FAXED ORDERS*
(213) 620-1411

**FOR INFORMATION CALL**
*(213) 620-1100 ext 105*
*NO PHONE ORDERS*

**METHOD OF PAYMENT** *(Check appropriate box)* Allow **4 to 6 weeks** for delivery.

❑ CHECK or MONEY ORDER payable to **California State PTA**
*–A fee of $10.00 will be charged for any check returned due to insufficient funds.*
*–Two signatures required on ALL PTA/PTSA checks.*

❑ MasterCard ❑ VISA ❑ Discover CIN # _ _ _
*(PERSONAL credit cards only)* Zip Code _ _ _ _ _
__/__/__/__/ __/__/__/__/ __/__/__/__/ __/__/__/__/
Credit Card Number
__ __/__ __
Exp. Date

Print Name _____

Signature _____

**FOR OFFICE USE ONLY:**
Authorization # _____ CH # _____ AMT._____ ❑ PTA ❑ PER
Reference # _____ Invoice # _____ 2004