



Kiwanis

Florida District

Name Badge Order Form

Email to melanie.kiwanis@gmail.com

Club Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ Email: _____

I would like the standard club name badge (shown): Yes _____ No _____

I would like to customize the name badge: Yes _____ No _____

Our club has an existing template: Yes _____ No _____

ALLEN

LastName

SECRETARY



Kiwanis ASTOR

Name	Title	Year	Other

of Name Badges: _____ x \$6.50 _____ + Shipping \$ _____ =
 \$ _____ (Shipping: 1-7 name badge = \$5.50 / 8 or more name badges \$10.80)

Make checks payable to: Florida District of Kiwanis and mail to P.O. Box 290489 - Port Orange, FL 32129 or pay by credit card

Card Payment Type ___ Visa / ___ Mastercard / ___ American Express

Card # _____ Expiration Date: _____ Security Code: _____

Full Name on Card: _____ Zip: _____

***NOTE: We do not keep credit card information on file**