



Kiwanis
Florida District

Name Badge Order Form

Email to flkiwanis.districtsecy@gmail.com

Club Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ Email: _____

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

ALLEN

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

**LastName
SECRETARY**

Our club has an existing template: Yes _____ No _____

 **Kiwanis
ASTOR**

Name	Title	Year	Other

of Name Badges: _____ x \$6.50 _____ + Shipping \$_____ = \$_____
(Shipping: 1-7 name badge = \$8.00 / 8 or more name badges \$12.00)

Make checks payable to: Florida District of Kiwanis and mail to P.O. Box 186 - Crawfordville, FL 32326 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**