



# Kiwaniis®

Florida District

## Name Badge Order Form

Email to [flkiwanis.districtsecy@gmail.com](mailto: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 \_\_\_\_\_

I would like to customize the name badge: Yes \_\_\_\_\_ No \_\_\_\_\_

Our club has an existing template: Yes \_\_\_\_\_ No \_\_\_\_\_

# ALLEN

LastName

SECRETARY



## Kiwaniis

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**