Time Saving Tip: Fill out billing and shipping addresses and make copies of order form for future use

Official Licensee of Rotary International - #96-4A0153

# NATIONAL AWARD SERVICE, INC.

1611 Church Street: P.O. Box 5292
Evanston, IL 60204-5292

DATE _____

**Phone 1-800-810-2100**
**1-847-475-2200**

**Fax 1-800-227-0599**
**1-847-475-3277**

**Do not use this order form for badges**

MAKE COPIES

**Please type or print clearly**

## CLUB INFORMATION / BILL TO

Club Name _____ District # _____

Name _____ Title _____

% _____ (UPS requires street address)

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____)_____ Daytime Fax (____)_____

**Date Needed** _____

This date will be met if at all possible, but cannot be guaranteed.
Do you approve higher shipping costs if necessary? _____

## SHIP TO (if different)

Club Name _____ District # _____

Name _____ Title _____

% _____ (UPS requires street address)

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____)_____ Daytime Fax (____)_____

E-mail Address _____

***CATALOG MINIMUM ORDER - $10.00***

| QTY. | ITEM # | DESCRIPTION | Personalized* ✓ if yes - see below | PRICE | TOTAL |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Invoices must be paid within 30 days**
in US Dollars drawn on US Bank

SUBTOTAL

Shipping & handling calculated when order ships

*** For engraving or custom imprinting:**
• ENGRAVING INSTRUCTIONS MUST BE IN WRITING
Type or print clearly on blank piece of paper **exactly** how you want your complete imprinting to read.

**Please, no phone orders on imprinting.**
*No returns on custom items.
*Custom orders subject to +/-5% of quantity.

*To avoid duplication-do NOT confirm orders.
*No returns without authorization - subject to 15% restocking charge.

*Illinois clubs subject to sales tax.
*Clubs outside USA - Credit Card.
*Customer is responsible for any import fees.

☐ Bill to club (Authorized Signature) _____
☐ Credit Card - $15.00 Minimum
☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card Number _____ Expiration Date _____

Cardholder's Name (Please Print) _____ Cardholder's Signature (Required) _____