California State PTA
everychild. onevoice.

2327 L Street, Sacramento, CA 95816-5014 916.440.1985 • FAX 916.440.1986 • info@capta.org • www.capta.org

AWARD ORDER FORM

(When faxing orders use blue or black ink **only**.)

SHIP TO:

Name _____

Street Address _____

City _____ Zip _____

Contact Person _____

Telephone (____) _____ E-mail _____

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

Council _____ District PTA # _____

QTY	**AWARD** (See *Toolkit* 7.6 for description)	PRICE	ADD PIN	TOTAL
	VERY SPECIAL PERSON AWARD (**NO Certificate Available**)	15.00	❑ 8.00*	
	HONORARY SERVICE AWARD CERTIFICATE	30.00	❑ 5.00*	
	CONTINUING SERVICE AWARD CERTIFICATE	30.00	❑ 14.00*	
	GOLDEN OAK SERVICE AWARD CERTIFICATE	60.00	❑ 20.00	
	*Effective July 1, 2007. Prices subject to change WITHOUT notice. Prices include sales tax. Do NOT send coins, currency or postage stamps as payment for an order.		**TOTAL $**	

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

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

PAYMENT REQUIRED WITH ALL ORDERS

MAIL ORDERS
California State PTA
2327 L Street
Sacramento, CA 95816-5014

FAX ORDERS
CREDIT CARD ONLY
DO NOT MAIL FAXED ORDERS
916.440.1986

FOR INFORMATION CALL
916.440.1985 ext. 105
NO TELEPHONE 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 *(PERSONAL credit cards only)* CIN # ___ ___ ___

Zip Code ___ ___ ___ ___ ___

___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___ ___/___ ___
Credit Card Number Exp. Date

Print Name _____

Signature _____

FOR OFFICE USE ONLY:
Authorization # _____ Ck # _____ AMT. _____ ❑ PTA ❑ PER
Reference # _____ Invoice # _____ 2007