New York District of Kiwanis
Legion of Merit Request Form

Date: _____

Kiwanis Club of _____ Division _____

Club Secretary: _____ Phone: _____

E-mail: _____ Date needed: _____

Quantities of Pins Requested: ___ 5 years; ___ 10 years; ___ 15 years; ___ 20 years

TOTAL AMOUNT INCLUDED WITH THIS ORDER: (# of pins x $5.95) $ _____

Please make checks payable to **New York District Kiwanis**

Please mail this completed form to:

David Booker, Legion of Merit District Chair
PO Box 639, Averill Park, NY 12018-0639
(518)674-0461 davidbooker@nycap.rr.com

Please ship to: _____

_____ Phone: _____

# of years for pin	Kiwanian's Name