New York District Kiwanis
Legion of Merit
Request Form

Date _____

Kiwanis Club of _____ Division _____

Club Secretary Name _____ 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 ship to: _____

_____ Phone _____

Return completed form to: Marie Soderholm, Legion of Merit District Chair
3714 Shearman Road Perry, NY 14530
716 531-3856 mmm7swartz@gmail.com

# of Years		Kiwanian's Name