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 certificates and pins X $4.95) ____
Please make checks payable to New York District Kiwanis

Please ship to: _____

_____ Phone _____

Mail this completed form to: Dr. S.M. "Dutch" Craumer
Chairman of Legion of Honor and Merit
192 Delevan Avenue, Corning, New York 14830
(H) 607-962-1379 (F) 607-962-1379 dutchman192@aol.com

# of Years		**Kiwanian's Name**