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 _____

Mail this completed form to: New York District Kiwanis
108 West Maple Avenue, Newark, New York 14513
315-331-6453 (F) 315-331-6454 ann1@rochester.rr.com

# of Years		Kiwanian's Name