

NMI Memorial Roll Certificate Order Form

(Type or Print Clearly; Verify Spelling and Addresses)

Church _____ District Name (in full) _____

Church Identification Number _____ - _____ Date of Presentation _____

Honorees' Names (one per certificate unless otherwise noted – \$50.00 per person; duplicate certificates for the same person – \$25.00 per person). **Check box only if honoree is 18 or younger.**

_____ _____ _____
 _____ _____ _____

Mail-in orders – allow 4-6 weeks for delivery

Online orders www.nazarenemissions.org – 3-11 business days

Missionary Health Care (of which Memorial Roll is a part of) is a Ten Percent Special

Mail Certificate to

Name _____

Address _____

City _____

State/Province _____ **Postal Code** _____

Daytime Phone _____

E-mail _____

Make check payable to:

General Treasurer, Church of the Nazarene

Mail order form, remittance form and check to:

Global Treasury Services

Church of the Nazarene

PO Box 843116

Kansas City MO 64184-3116

In Canada, make check payable to:

National Board, Church of the Nazarene

Mail order form, remittance form and check to:

National Board, Church of the Nazarene

20 Regan Rd, Unit 9

Brampton, Ontario L7A 1C3

CANADA

Please indicate if you prefer a certificate in:

Spanish

Portuguese

For Office Use

MR _____

OR _____

ISS _____

RE _____