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Make checks payable to: **Illinois PTA General Fund**
Mail order form and check to: Illinois PTA
P O BOX 907
Springfield, IL 62705-0907

2011-2012 Jewelry Order Form

PLEASE PRINT OR TYPE

(NOTE: Unless otherwise specified, entire order will be shipped to designated shipping address listed on the back of this form)

	Quantity	Total
President		
PTA-04 President Pin and Gavel	_____ @ \$19.00 each	_____
PTA-03 President Tac (Lapel)	_____ @ \$15.00 each	_____
PTA-32 Past President Pin (Plain Bar)	_____ @ \$21.00 each	_____
PTA-31 Past President Tac (Lapel)	_____ @ \$15.00 each	_____
Council Pins		
PTA-21 President Pin	_____ @ \$15.00 each	_____
PTA-22 Past President Pin	_____ @ \$19.00 each	_____
Bars		
PTA-37 Plain Bar	_____ @ \$10.50 each	_____
PTA-37A Acorn Bar	_____ @ \$11.00 each	_____
(Additional bars are added to a past president's pin already in one's possession to denote having been a president of another PTA or council or president of the same unit with a lapse of time between presidencies.)		
Officers Pins		
PTA-11 Local Unit Vice-President	_____ @ \$15.00 each	_____
PTA-12 Local Unit Secretary	_____ @ \$15.00 each	_____
PTA-13 Local Unit Treasurer	_____ @ \$15.00 each	_____

Award Recipient Pins

(A current or past recipient of a Life Membership Certificate or a book of Recognition is Eligible for the Life Member Pin or a Book of Recognition Pin. Show proof of eligibility by listing the name(s) of the recipient(s) and date(s) of award(s) on the reverse side of this form.)

Illinois PTA Life Member Pin (Replacement Pin) now comes with award _____ @ \$20.00 each _____

Illinois PTA Book of Recognition Pin @ \$15.00 each _____

Total Order _____

Plus \$ 9.95 _____

Total Amount Submitted _____

See reverse side for shipping information

Proof of Eligibility for the purchase of a Life Membership Pin:

<u>Name of Recipient</u>	<u>Presentation Date of Award</u>	<u>Name of Local Unit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proof of Eligibility for the purchase of a Book of Recognition Pin:

<u>Name of Recipient</u>	<u>Presentation Date of Award</u>	<u>Name of Local Unit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHIPPING INFORMATION

**PTA District # or Region _____

**Name of PTA _____

**Mail To _____

**Address _____

**City Zip _____

**Daytime Telephone (____) _____

**Is above shipping address: residential address or business address

ALL STARRED () LINES MUST BE COMPLETED IN FULL AND SUBMITTED WITH A CHECK IN THE APPROPRIATE AMOUNT TO THE ILLINOIS PTA GENERAL FUND**

<p>Office Shipping Information:</p> <p>Date Shipped: _____</p> <p>Via Carrier: _____</p> <p>Tracking No.: _____</p> <p>By (Initials): _____</p>
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