



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



2009-2010 Scholarship Order Form

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

PLEASE TYPE OR PRINT

LIFE MEMBERSHIP AWARD Minimum Contribution for each award: **\$75.00**
The Life Membership Award includes the Life Membership Pin. Recipients will, also, receive a one-year subscription to the *ILLINOIS PTA BULLETIN* therefore, name and address of each recipient is REQUIRED.

Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Date of Presentation _____	Date of Presentation _____

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Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Date of Presentation _____	Date of Presentation _____

BOOK OF RECOGNITION AWARD Minimum Contribution for each award: **\$30.00**
 (A Book of Recognition Pin is available for purchase. Please see IL PTA Jewelry Order Form)

Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Date of Presentation _____	Date of Presentation _____

BOOK OF RECOGNITION AWARD Minimum Contribution for each award: **\$30.00**
 (A Book of Recognition Pin is available for purchase. Please see IL PTA Jewelry Order Form)

Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Date of Presentation _____	Date of Presentation _____

Sub-Total _____

ACHIEVEMENT AWARD

Minimum Contribution for each award:

\$20.00 _____

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Date of Presentation _____

Date of Presentation _____

ACHIEVEMENT AWARD

Minimum Contribution for each award:

\$20.00 _____

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Date of Presentation _____

Date of Presentation _____

ACHIEVEMENT AWARD

Minimum Contribution for each award:

\$20.00 _____

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Date of Presentation _____

Date of Presentation _____

ACHIEVEMENT AWARD

Minimum Contribution for each award:

\$20.00 _____

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Date of Presentation _____

Date of Presentation _____

DISTINGUISHED SERVICE SCROLL

Minimum Contribution for each award:

\$10.00 _____

Name _____

Name _____

Date of Presentation _____

Date of Presentation _____

Name _____

Name _____

Date of Presentation _____

Date of Presentation _____

DISTINGUISHED SERVICE SCROLL

Minimum Contribution for each award:

\$10.00 _____

Name _____

Name _____

Date of Presentation _____

Date of Presentation _____

Name _____

Name _____

Date of Presentation _____

Date of Presentation _____

Sub-Total _____

EDUCATOR OF THE YEAR AWARD Minimum Contribution for each award: **\$50.00**
(Each local unit or council may present one award in a school each year.)

Name of PTA Unit _____ PTA District No. _____
Name of Recipient _____
City of Recipient _____ Presented for School Year _____
Name of School _____ City _____
Unit President _____ Date of Presentation _____

IN MEMORIAM CARD Minimum Contribution for each award: **\$ 5.00**
In Memory of _____
Mail Card To _____
Address _____
Street City Zip

CERTIFICATE OF RECOGNITION CARDS _____ @ 5 for \$ 3.00 _____
SCHOLARSHIP GIFT CARDS _____ @ 8 for \$ 8.00 _____
PTA NOTE CARDS _____ @ 5 for \$ 3.00 _____

SCHOLARSHIP JEWELRY Quantity:
Oak Tree Scholarship Charm, Gold _____ @ \$ 15.00 ea. _____
Oak Tree Scholarship Pin, Gold _____ @ \$ 15.00 ea. _____
Past District Director Pin _____ @ \$ 15.00 ea. _____

Requests for **ALL** awards should be placed at least **THREE WEEKS** in advance of the presentation date.

Total Order: _____
Shipping & Handling: **\$9.95**
Total Amount Submitted: _____

Make checks payable to: **ILLINOIS PTA SCHOLARSHIP FUND** **Submit**

SHIPPING INFORMATION:

**PTA District No. _____ **Name of PTA: _____
**Mail to: _____
**Address: _____
**City: _____ **ZIP: _____
**Daytime Telephone: (____) _____ e-mail: _____

**Is above shipping address: Residential or Business?

ALL "*" STARRED LINES MUST BE COMPLETED IN FULL and SUBMITTED WITH A CHECK IN THE APPROPRIATE AMOUNT

Office Shipping Information:
Date Shipped: _____
Via Carrier: _____
By (Initials): _____