

2327 L Street, Sacramento, CA 95816-5014

916,440,1985 • FAX 916,440,1986 • info@capta.org • www.capta.org

HONORARY SERVICE AWARD* NOMINATION FORM FOR UNIT, COUNCIL AND DISTRICT PTAS

*Honorary Service Award Program includes the Honorary Service Award (HSA), Continuing Service Award (CSA), Golden Oak Service Award (California's highest honor), Very Special Person Award (VSP) and Donations in name of individual or organization. (See *Toolkit*, Section 7.6.3 Honorary Service Award (HSA) Program)

HONORARY SERVICE AWARD PROGRAM

HONOKAR	TI SERVICE AWARD PROGRAM	
_	- - - please print	
Specify award category:		
☐ Honorary Service Award (HSA)	Very Special Person Award (VSP)	
☐ Continuing Service Award (CSA)	□ Donations	
☐ Golden Oak Service Award		
Name of individual nominated:		
Title or position:		
Name of organization nominated:		
Contact Person:		
	-mail:	
Reason for nomination:		
Name of person submitting the nominal	tion:	
Telephone: ()E-	mail:	Date:
All nominations will be consid	dered. The HSA Selection Committee will select	the recipient.
Nomination DUE DATE for presentation:		, 20
PLEASE RETURN FORM TO:		PTA/PTSA



SHIP TO:

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HONORARY SERVICE AWARD ORDER FORM

In purchasing an award through California State PTA, a donation is made to the California State PTA Scholarship and Grant Program in the honoree's name to assist in the education of other individuals. (When faxing orders use blue or black ink only.)

Name							
Street Address							
City Zip							
Contact Person							
Telephone ()	E-mail						
Presented By	PTA/PT	SA Unit #	¥				
Presented By							
QTY AWARD (See <i>Toolkit</i> 7.6 for description)			PRICE	ADD PIN		TOTAL	
VERY SPECIAL PERSON AWARD (NO Certificate Available)			15.00	□ 8.00			
HONORARY SERVICE AWARD CERTIFICATE			30.00	□ 5.00			
CONTINUING SERVICE AWARD CERTIFICATE			30.00	□ 14.00			
GOLDEN OAK SERVICE AWARD CERTIFICATE			60.00	20.00			
Prices subject to change WITHOUT notice. Prices include sales tax. Do NOT send coins, currency or postage stamps as payment for an order. **TOTAL**							
PRINT OR TYPE NAME AS DESIRED TO APPEAR ON CERTIFICATE FIRST NAME LAST NAME CERT		FIFICATE TYPE		OFFICE USE ONLY AWARD NO.			
1.		□ HSA □ CSA □ GOSA					
2.		□ HSA □ CSA □ GOSA					
3. ☐ HSA			□ CSA □ GOSA				
4. U HSA		□ HSA U	CSA LG	OSA			
5. UHSA UCSA UGOSA							
AWARDS ARE NOT MAILED TO RECIPIENTS ALLOW 4 TO 6 WEEKS FOR DELIVERY RECIPIENT'S NAME MUST APPEAR ON THIS FORM NO REFUNDS — NO EXCHANGES							
PAYMENT REQUIRED WITH ALL ORDERS MAIL ORDERS California State PTA 2327 L Street Sacramento, CA 95816-5014 FAX ORDERS - 916.440.1986 CREDIT CARD ONLY DO NOT MAIL FAXED ORDERS	METHOD OF PAYMENT (Check appropriate box) CHECK or MONEY ORDER payable to California State PTA -A fee of \$25.00 will be charged for any check returned due to insufficient funds. -Two signatures required on ALL PTA/PTSA checks. MasterCard VISA CIN # (PERSONAL credit cards only) Zip Code				is.		
FOR INFORMATION CALL 916.440.1985 ext. 105 No Phone Orders	Credit Card Nur Print Name Signature				· · · · · ·	p. Date	
	Ck# _				⊏	□ PTA □ PER 2011	