



Show support for your child's school



Details

- Five-year term
- \$500 investment
- Choice of display
 - Balloon (elementary)
 - Star (middle school)
 - Triangle (Penn High School)

WALL OF REGONITION ORDER FORM

MAIL TO: PHMEF 55900 BITTERSWEET ROAD, MISHAWAKA, IN 45645 CONTACT MARI LINN M. WISE (574) 254-2893 MLWISE@PHMEF.ORG

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

P-H-M SCHOOL(S) WHERE YOU WANT THE NAME TO BE LISTED (\$500 PER RECOGNITION)

NAME TO BE PLACED ON BALLOON/STAR/TRIANGLE (PRINT CLEARLY, MUST BE ADULT, FAMILY, OR BUSINESS NAME)

CHECK ENCLOSED (PAYABLE TO PHMEF) CHARGE MY CREDIT CARD BELOW # OF RECOGNITION(S) AT \$500 EACH _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CV CODE _____ TOTAL AMOUNT \$ _____

NAME ON CARD _____

BILLING ADDRESS - SAME AS ABOVE OTHER ADDRESS _____