California State PTA
everychild. onevoice.
2327 L Street, Sacramento, CA 95816-5014 916.440.1985 • FAX 916.440.1986 • info@capta.org • www.capta.org

# HONORARY SERVICE AWARD (HSA) ORDER FORM

All monies raised with the sale of HSAs fund the California State PTA Scholarship and Grant Program.

**Presented By** _____ PTA/PTSA Unit # _____
*Please Print Clearly* *Name of PTA unit, council or district presenting HSA Award*

Council _____ District PTA # _____

**Ship To – Contact Person:** _____

Street Address _____

City _____ Zip _____

Email _____ Telephone (_____) _____

| **AWARDS –** See *Toolkit* for Descriptions | | **PRICES** *Certificate Only* | *Cert. + Pin* |
|---|---|---|---|
| **VSP** | **Very Special Person Award** | **$15** | **$23** |
| **HSA** | **Honorary Service Award** | **$30** | **$35** |
| **CSA** | **Continuing Service Award** | **$30** | **$44** |
| **GOSA** | **Golden Oak Service Award** | **$60** | **$80** |
| **OTA** | **Outstanding Teacher Award** | **$30** | **$35** |
| **OAA** | **Outstanding Administrator Award** | **$30** | **$35** |

**HSA ORDER TIPS**

- Allow **2** to **4** weeks for delivery.
- Prices include sales tax and are subject to change without notice.
- Awards are not mailed to recipients.
- For rush orders, a $20 fee is added plus applicable shipping costs.
- No refunds or exchanges for HSA orders.
- Please do not send cash as payment.

| **AWARD RECIPIENT'S NAME – To appear on certificate** *Please Print Clearly First Name Last Name* | **AWARD TYPE** VSP | HSA | CSA | GOSA | OTA | OAA | **ADD PIN** Yes | No | **TOTAL** |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| | | | | | | | | **TOTAL $** | |

**To order HSAs, send completed form with payment by mail or FAX:**

- **Mail Orders:**
  California State PTA
  2327 L Street
  Sacramento, CA 95816-5014
- **FAX Orders:** 916.440.1986
  ***- Credit Card Only***
  ***- Use blue/black ink for Fax Order***
- **For Information Call:**
  916.440.1985 ext. 105
  ***- No Phone Orders Accepted***

**METHOD OF PAYMENT** *(Check appropriate box)*

☐ **CHECK or MONEY ORDER** – Payable to ***California State PTA***
- *A fee of $10 is charged for any check returned due to insufficient funds.*
- *Two signatures are required on **all** PTA/PTSA checks.*

☐ **MasterCard** ☐ **VISA**
*Personal Credit Cards Only*

Zip Code ___ ___ ___ ___ ___

___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___ ___ / ___ ___
Credit Card Number Exp. Date

Print Name _____

Signature _____

***FOR OFFICE USE ONLY:***
Invoice # _____ Ck # _____ AMT. _____ ❑ PTA ❑ PER

*12/2012*