



## **NORTH DAKOTA PTA** **LIFETIME ACHIEVEMENT AWARD**

***How do you say: Thank you for your outstanding service to our children....give the award of a lifetime!***

Recognize and thank that special person you know who goes above and beyond for all children—the one who acts as a tireless advocate for children’s education, health, and well-being.

The recipient of the ***North Dakota PTA Lifetime Achievement Award*** will receive a certificate of recognition, from the North Dakota PTA President, an honorary lapel pin and will be recognized in the NDPTA Newsletter reaching all units within the state of North Dakota and those partners working with NDPTA.

The \$40 fee for presenting the Lifetime Achievement Award supports NDPTA. Your honoree need not be a PTA member to receive the award. Presenting the ***North Dakota PTA Lifetime Achievement Award*** at a ceremony recognizing your honoree’s work will generate positive publicity and bring together your school, your community, and PTA.

To honor that special person who lives out his or her commitment to children, give the ***North Dakota PTA Lifetime Achievement Award*** now. Just complete the attached form and submit to the NDPTA Office at the address listed.

# North Dakota PTA Lifetime Achievement Award

*(Please print and use one order form per honoree)*

## **UNIT REQUESTING AWARD:**

Name of PTA: \_\_\_\_\_ City: \_\_\_\_\_

## **HONOREE:**

Surname: Mr Mrs Miss Ms Dr

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## **PRESENTATION DETAILS:**

Date of Presentation: \_\_\_\_\_ (Will be mailed to person below in time for presentation)

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

***Please allow 2 weeks for processing***

**North Dakota PTA Lifetime Achievement Award \$40** (Includes standard shipping)

**Special Shipping and Handling Fee \$10** (Required for rush orders or special handling)

**Total Amount** (enclose this amount) \$ \_\_\_\_\_

## **Mail order form and a check to:**

North Dakota PTA  
3523 45<sup>th</sup> St S, Suite 100  
Fargo, ND 58104

August 1, 2018