

SPIRIT OF TRUTH APPLICATION FORM

SHIPPING ADDRESS: Allow two to three weeks for delivery. Overnight shipping requires a street address and correct zip code.

Name _____
Address _____
City _____ State _____ Zip _____
Day phone _____ Email _____

CANDIDATE'S INFORMATION:

Name _____ Age _____ Grade _____
Address _____
City _____ State _____ Zip _____

Monthly Meeting / Church _____
Address _____
City _____ State _____ Zip _____

CERTIFICATION

This is to certify that the candidate has fulfilled the requirements for the SPIRIT OF TRUTH emblem.

Parent Signature and Date Clerk/Pastor's Signature and Date Unit leader's Signature and Date

ORDER INFORMATION

_____ Medal	\$15.00	_____
_____ Required Registration Fee per student	\$.50	_____
_____ Required Shipping/Handling Fee per order *	\$3.50	_____

TOTAL (Prices Subject to Change) _____

Check one (if nothing is checked, your order will be shipped First Class Mail)

- | | | |
|--|-----|-------|
| <input type="checkbox"/> Standard shipping via First Class Mail through the USPS (fees paid above) | n/a | _____ |
| <input type="checkbox"/> USPS Priority Mail 2-3 days not guaranteed (additional fees apply) | | _____ |
| <input type="checkbox"/> Ground 3-5 days – No PO Boxes (additional fees apply) | | _____ |
| <input type="checkbox"/> Expedited 1-2 days depending on zip code (additional fees apply) | | _____ |

FAX SERVICE **314-845-0038** All fax orders are assessed \$6.00. \$6.00 _____

Faxes received by noon CST will be processed and shipped that same day.

The fax fee is assessed per shipping address (orders shipped together are assessed one fee).

GRAND TOTAL (amount of order plus special fees) _____

All orders must be sent with payment in full by check, money order, or credit card. If credit card, please provide the following information: Check one: MasterCard Visa Discover

Cardholder's Name _____

Acct # _____ - _____ - _____

Expiration Date: _____ CV2 code _____

The CV2 code is the last three digits on the backside of the credit card in the signature box.

Cardholder's Address _____

Phone (Day contact) _____ Signature _____

* SHIPPING – All orders are assessed a standard shipping/Handling fee per shipping address (orders shipped together are assessed one fee) and are sent via First Class Mail. To upgrade shipping, visit www.praypub.org for explanation and fees.

Visit www.praypub.org for current prices.

Send this form and payment to:

P.R.A.Y.
11123 S. Towne Square, Ste. B
St. Louis, MO 63123
1-800-933-7729
Fax 314-845-0038

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