

Order Form
Resident Name Tag



Name _____
(print)

State _____

Please check your choice of name tag.

_____ Magnetic (\$7.00)
_____ Pin (\$5.00)

Drop your order form with payment to the LOMD Office.

Please make checks payable to M&H Awards. Cash is fine but must be exact amount.

Please provide your phone number _____

You will receive a call when your tag is available for pick up.