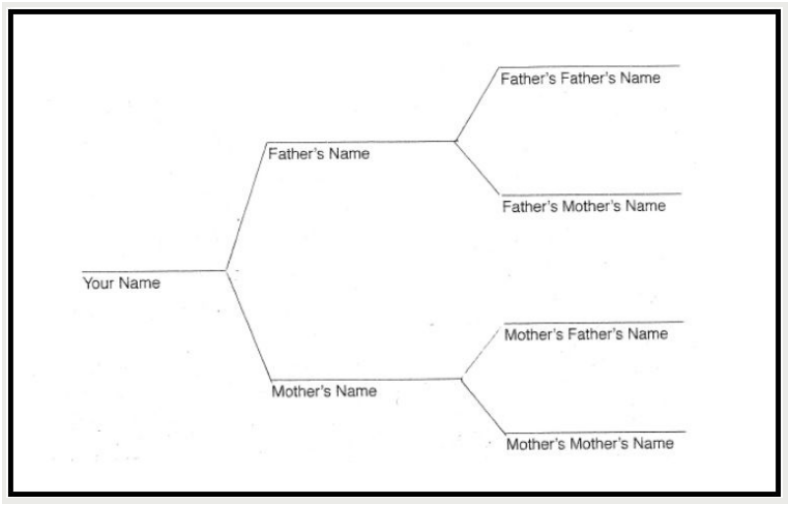
Name Tag Request Form



Print out this page and complete the form. Each order must have its own form. Follow all payment and mailing instructions listed below. Provide your information as it will appear on the name tag.

Important: TYPE OR PRINT CLEARLY.

Your name: _____

Father's name: _____

Father's Father's name: _____

Father's Mother's name: _____

Mother's name: _____

Mother's Father's name: _____

Mother's Mother's name: _____

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Cash payment is only accepted if paying in person at the desk. Other payment forms include check or credit card.
ALL FIELDS MUST BE COMPLETED TO ENSURE ACCURATE CREATION, SHIPPING AND BILLING.

Allow a minimum of 4 weeks for delivery. For bulk orders or shipping outside the US, please contact the IGS office at 515 276-0287

Name Tag – $10.00 _____
Shipping – $3.00 _____
Optional Tax-Deductible Contribution _____

Total Amount Enclosed _____

Please mail and remit in US funds to:
Iowa Genealogical Society
Attn: Name Tag Request
628 E Grand Ave
Des Moines, IA 50309-1924

Payment Method: Check Enclosed _____Credit Card _____

Name:_____

Address:_____

City, State, Zip Code: _____

Email_____

Phone: _____

SELECT ONE
Please mail my nametag to the address provided above _____
I will pick up my nametag at the IGS library _____

For Credit Card Purchases: Visa Mastercard Discover AMEX

Credit Card Number: _____

Exp. Date: _____ CVV: _____

Signature: _____