

ST. JOHN COUNCIL FOR ONTARIO

RECOMMENDATION FOR
SPECIAL PROVINCIAL CERTIFICATE OF APPRECIATION

<i>Please indicate name as it should appear on the certificate: See instructions on reverse</i>	
NAME:	Authorization Letter Attached
ADDRESS:	
CITY:	POSTAL CODE:
TELEPHONE:()	FAX:()
<i>In the space below please provide a brief Description or Reason for Recommendation:</i>	

Authorizing Signature: (one of the following is required)

Branch Chair, Branch Honours and Awards Chair, District Chair, Provincial Commissioner, Area Commissioner.

Authorized Signature:	Branch Location or Brigade Unit:	Mailing Address for Certificate: Street:
Date:		City:
		Postal Code:

Ontario Council H&A Chair:	Date:	Comment:
----------------------------	-------	----------