

Wall Certificate Order Form

Thank you for ordering a wall certificate.

Name: _____

Address: _____ City _____ Zip _____

Phone #: _____

E-mail Address: _____

License Number/Type:

APRN #: _____

RN #: _____

LPN #: _____

CNA #: _____

Please tell us exactly how you would like your name to appear on your wall certificate, i.e. Susan Snow Flake, or Sue S. Flake. If we cannot read what you have written we will contact you.

Please Type or Print:

The price for the wall certificate is **\$15.00** payable by **money order or cashier's check, only.**
Payable to **WSBN**, thank you.