

Birch-Sturm Order Form

Enclosed is the amount of \$_____, for the following Birch-Sturm:

Candidate

Name_____

Address_____

City_____

State_____ Zip_____

Club Name_____

Is the candidate aware of the application?

Yes No

Date of Presentation_____

Send plaque and information to:

Name_____

Address_____
(Please include street address and P.O. Box)

City_____

State_____ Zip_____

Phone Number_____

Email_____

Please make checks payable to:

Wisconsin Lions Birch-Sturm Memorial Fund, Inc.
3834 County Road A
Rosholt WI 54473
Toll-free 877-463-6953

Reminder

The entire financial commitment must be satisfied before the plaque and pin are sent.