

Career Services & Professional Life Development



Certificate Of Appreciation  
Posting Form

Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Email (PLEASE PRINT CLEARLY) \_\_\_\_\_

Name of Person to receive certificate: \_\_\_\_\_

\_\_\_\_\_

Name of 2nd person to receive certificate: \_\_\_\_\_

\_\_\_\_\_

Name of 3rd person to receive certificate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am paying \$5.00 for EACH Certificate of Appreciation .....  
*We will email or call when the certificate is ready to be picked up.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Cash, check or credit cards accepted.**  
**Please make checks payable to USM.**

**Business Office Stamp**

Unit UMS06  
Dept. ID 6606000  
Acc# 46005  
Class 06



UNIVERSITY OF  
SOUTHERN MAINE