

FLAG REQUEST FORM

Your name: _____

Today's date: _____

Your full mailing address: _____

Your phone: _____

Flag is to be flown for:
 (Name of person, school, etc.) _____

Occasion: _____

Date flag is to be flown
 over Capitol: _____
 (Flags can be flown Monday through Friday only, weather permitting.)

Mail this flag to: _____

Number and Type of Flags Desired

(Enter numerals only)

	Cotton ()*	Nylon ()*	Total
3' x 5'	_____	_____	_____
Subtotal:	_____	_____	_____
	Cotton ()*	Nylon ()*	Total
5' x 8'	_____	_____	_____
Subtotal:	_____	_____	_____
* Please note that prices are subject to change.			Grand Total: _____

MAIL THIS FORM, ALONG WITH A CHECK OR MONEY ORDER MADE OUT TO "KEEPER OF THE STATIONERY," TO:

Office of Senator Jeff Bingaman
 ATTN: FLAGS
 United States Senate
 Washington, DC 20510

If you have any questions, please call our office at (202) 224-5521