

FLAG ORDER FORM

	Number of Flags:	Size:	Type:	
Where the Flag is to be sent:				
Name:				
Address:_				
City:	State:		Zip Code:	
Name and Phone Number of Person Ordering the Flag:				
Name:			Phone:	
Do you w	ant this flag flown over the Capi	tol? Yes:	No:	
(if yes, please fill in the information below)				
Name(s) to appear on the Certificate of Authenticity:				
Occasion for which flag is being flown:				
Date flag is to be flown:				
(request must be received at least one month prior to specified date)				
Please make checks payable to: The Keeper of the Stationery				
Please mail your completed request form and check to:				
The Office of Senator Richard J. Durbin Attn: Flag Requests 309 Hart Senate Office Building Washington, DC 20510				