



OFFICE OF CONGRESSMAN TIM BISHOP

FLAG ORDER FORM

Your Name: _____

Telephone Number (Home): _____ (Work): _____

Name and Address Flag should be sent to:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Please specify the following information if it is relevant:

Who is the flag being flown for? _____

What date do you want the flag flown? _____

What occasion is the flying of the flag commemorating? _____

CHOOSE YOUR FLAG:

| | Flag Type: | Flag Price: | Postage: | Flying Fee: | Total Cost Each: | Quantity: | Total: |
|-----------------------|--------------|-------------|----------|-------------|------------------|-----------|--------|
| <input type="radio"/> | 3 x 5 Nylon | \$9.00 | \$3.95 | \$4.05 | \$17.00 | _____ | _____ |
| <input type="radio"/> | 3 x 5 Cotton | \$9.25 | \$3.95 | \$4.05 | \$17.25 | _____ | _____ |
| <input type="radio"/> | 4 x 6 Nylon | \$13.50 | \$3.95 | \$4.05 | \$21.50 | _____ | _____ |
| <input type="radio"/> | 5 x 8 Nylon | \$18.00 | \$3.95 | \$4.05 | \$26.00 | _____ | _____ |
| <input type="radio"/> | 5 x 8 Cotton | \$20.00 | \$5.15 | \$4.05 | \$29.20 | _____ | _____ |

TOTAL ENCLOSED: _____

If you do not want the flag flown, please subtract the flying fee from the total.

Please be sure to include the postage fee for **each** flag ordered.

Send this form and your check payable to **Timothy Bishop Office Supply Account** to the following address:

The Honorable Tim Bishop
3680 Route 112, Suite C
Coram, NY 11727

Please keep in mind that it can take up to 8 weeks to get your flag. If you have any questions, please contact my office at (202) 225-3826.