

Congressman Bill Delahunt – Flag Order Form

Purchaser's name: _____
 Street address: _____
 Address, line 2: _____
 City: _____, State: ____
 ZIP: _____ +4 _____

Phone number (for questions regarding your order) _____

Omit Shipping Information If Same As Above

Ship To Name: _____
 Street Address: _____
 Address, line 2: _____
 City: _____, State: ____
 ZIP: _____ +4 _____

Phone number (for questions regarding delivery problems) _____

Size	Material	Quantity flown over the Capitol w/postage	Quantity NOT flown over the Capitol w/postage
3'x5'	Nylon	___ @ \$17.60	___ @ \$13.55
3'x5'	Cotton	___ @ \$18.65	___ @ \$14.60
4'x6'	Nylon	___ @ \$22.90	___ @ \$18.85
5'x8'	Nylon	___ @ \$27.40	___ @ \$23.35
5'x8'	Cotton	___ @ \$30.65	___ @ \$26.60

Total:

- If you choose to have your flag flown over the United States Capitol, please complete the following information for the certificate.
- If you have multiple flags to fly, they must all be flown on the same date.
- If you have multiple flags to fly on the same date, and you would like different names and/or occasions to appear on each certificate, please leave the name and occasion information below blank, and use a separate document to enclose that information
- Please make checks payable to "Congressman Delahunt's Office Supply Account".

Special occasion

*Requested date for flag to be flown
