## Congressman Jim Marshall Flag Request Form

Date:	T	o <u>:</u>			Taken By	:	
Name:							
Address:							
Phone: (Home)			(W	Vork	)		
Email:							
Flag Should Be Sent	To: (if dif	ferent	from abov	ve)			
Name:							
Address:							
Date to be flown (if	applicable	):					
Certificate(s) should	read:						
Additional Commen	ts:						
Flag Prices:	Flag	+	Postage	+	Flying Fee	= Total	
3x5 Nylon	\$9.00		\$3.85		\$4.05	= \$16.90	
3x5 Cotton	\$9.25		\$5.05		\$4.05	= \$18.35	
4x6 Nylon	\$13.50		\$5.05		\$4.05	= \$22.60	
5x8 Nylon	\$18.00		\$5.05		\$4.05	= \$27.10	
5x8 Cotton	\$20.00		\$7.15		\$4.05	= \$31.20	
Please circle your se	lection and	l indic	ate the nur	mber	of requested flags	s below.	
Number of Flags:					Total Cost:		
<u>Please make checks payable to:</u> Jim Marshall Office Supply Account					Please mail checks to: Congressman Jim Marshall 682 Cherry St., Suite 300 Macon, GA 31201		

\*\*\*When faxing or emailing form, please note that flags cannot be mailed until check is received. Allow 4-6 weeks for delivery of flag.

(478) 464-0255 (phone) (478) 464-0277 (fax)