Flag Order Form Office of Senator Mark Pryor

Date:	_//				
Name:					_
Address:					
City:		State:	Zip:		
Phone:	Fax: _		Emai	1:	
Date flag	is requested to be flown:				_
Person fo	r whom flag is being flov	vn:			-
Occasion:	·				
Address f Prices	or recipient (if different	from above):			_
Size	Type	Quantity		Total	
3 x 5	Nylon		x \$9.00	\$	
3 x 5	Cotton		x \$9.25	\$	
5 x 8	Nylon		x \$18.00	\$	
5 x 8	Cotton		x \$20.00	\$	
Flying and Certification Costs			x \$4.05	\$	
Shipping and Handling			x \$4.00	\$	

Attention: Flag Request The Honorable Mark Pryor **500 President Clinton Drive Suite 401** Little Rock, AR 72201

TOTAL

\$_____

Please call (202) 224-2353 with any questions.

^{*}Please make check payable to The Keeper of the Stationery