

FLAG REQUEST FORM

Purchaser's Information

Purchaser's name: _____

Street Address: _____

Street Address Continued: _____

City: _____ State: _____ Zip: _____ +4: _____

Purchaser's Telephone

Phone Number (for questions regarding your **order**): _____

The next address is where the order will be sent. This information **must** be filled in.

Shipping Information:

Ship To Name: _____

Street Address: _____

Street Address Continued: _____

City: _____ State: _____ Zip: _____ +4: _____

Ship to Telephone: _____

Phone number (for questions regarding **delivery** problems): _____

Flag Selection (Please make checks payable to Office of Rep. Chip Cravaack and mail Flag Request Form and checks to:

North Branch Office, Attn: Nancy Spangler, 6448 Main Street, Suite 6, P.O. Box 730, North Branch, MN 55056

	Price for Flags Flown Over Capitol	Price for Flags NOT Flown Over Capitol
3x5 Nylon	_____ @ \$13.05	_____ @ \$9.00
3x5 Cotton	_____ @ \$13.30	_____ @ \$9.25
4x6 Nylon	_____ @ \$17.55	_____ @ \$13.50
5x8 Nylon	_____ @ \$22.05	_____ @ \$18.00
5x8 Cotton	_____ @ \$24.05	_____ @ \$20.00

Flag will be presented to (name as it should appear on the certificate): _____

Special occasion: _____

Requested date for flag to be flown: _____