FLAG ORDER FORM

	Number of Flags:	Size:	Type:	
	Where	the Flag is to	be sent:	
Name:				
	State:			
	Name and Phone No	umber of Pers	son Ordering the Flag:	
Name:			Phone:	
Do you w	ant this flag flown over the Capi	tol? Yes:	No:	
	(if yes, please	fill in the info	ormation below)	
Name(s)	to appear on the Certificate of Au	ithenticity:		
Occasion	for which flag is being flown:			
Date flag	is to be flown:			
	(request must be received	at least one n	nonth prior to specified date)	
Please m	ake checks payable to: The Kee	eper of the St	ationery	

The Office of Senator Richard J. Durbin Attn: Flag Requests 332 Dirksen Senate Office Building Washington, DC 20510

Please mail your completed request form and check to: