

Flag Request Form For the Constituents of the MA 3rd District

Date _____

First Name _____ Last Name _____

Home telephone _____ Business Telephone _____

Would you like the flag to be flown over the Capitol? Yes ___ (\$4.05 Flying Fee)

If Yes, do you have a date you want the flag to be flown? _____

Person/Group to be honored _____

Special Occasion (if any) _____

Where should the flag be sent?

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Please specify the quantity and size of the flag(s)

| Quantity | Size | Material | Price | Flying Fee | Mailing Fee |
|----------|---------|----------|--------|------------|-------------|
| _____ | 3' x 5' | Cotton | \$9.25 | \$4.05 | \$3.00 |
| _____ | 3' x 5' | Nylon | 9.00 | 4.05 | 3.00 |
| _____ | 4' x 6' | Nylon | 13.50 | 4.05 | 3.00 |
| _____ | 5' x 8' | Nylon | 18.00 | 4.05 | 3.00 |

Checks payable to:
Office Supply Accounts-MA-0350

Send form w/ payment to:
U.S. Rep. James P. McGovern
34 Mechanic Street
Worcester, MA 01608

For Office Use Only. Do Not Fill Out.

Date Delivered _____

Date Received _____