## Congresswoman Melissa Bean Official American Flag Order Form

Thank you for contacting my office for information about ordering an American Flag.

Please print this form and fill in the information below. Select the flag you wish to order. If you wish your flag flown over the Capitol, please fill in the additional information for the verification certificate below your flag order.

Name	e:			-
Addr	ess:			-
City:_		State:	Zip:	
Dayti	me Phone Number:_			
The followin wish to purc	0	nd prices. Please i	ndicate the size and nu	ımber you
	Flag Type	Not Flown	Flown over Capitol	<u>[</u>
	3x5 Cotton	\$13.80	\$17.85	
	3x5 Nylon	\$12.85	\$16.90	
	4x6 Nylon	\$18.05	\$22.10	
	5x8 Nylon	\$22.55	\$26.60	
	5x8 Cotton	\$26.05	\$30.10	
the Capitol is	O	rification certificate	er the Capitol. Each fle. If you wish for the f	O
Name(s) of in	ndividual(s) for who	m the flag is to be	flown:	
Occasion (if a	any):			
Date flag is to be flown over Capitol (if any):			*	
*Please note w	ve must receive this orc	der form two weeks	before this date	

Please make your check payable to House Stationary Account IL0890 and send it along with this form to

> Congresswoman Melissa Bean **ATTN: Flag Request** 1622 E. Algonquin Road, Suite L Schaumburg, IL 60173

Please allow eight to ten weeks for delivery.