



CONGRESSMAN NORM DICKS Flag Order Form

Contact Name:

Phone Contact:

Email Contact:

Address:

Date of Request: _____

Flag to be flown on a specific date (optional).

- Date: _____

A certificate of recognition is included with each flag. Please indicate the name of the individual, family, or group, and the occasion for their recognition (as it should appear):

TYPE OF FLAG	NUMBER	CURRENT PRICE	TOTAL
3x5 Nylon	_____	\$ 9.00	\$ _____
3x5 Cotton	_____	\$ 9.25	\$ _____
4x6 Nylon	_____	\$13.50	\$ _____
5x8 Nylon	_____	\$18.00	\$ _____
5x8 Cotton	_____	\$20.00	\$ _____

FLAG FLYING FEE

Total Number of Flags ____ x \$4.05 (flying fee).....

\$ _____

Total Amount: \$ _____

Mailing Instructions: _____

*No cash payments accepted.
Make check or money order payable to:
Congressman Norm Dicks' Office Supply*

Send Request Form and Payment to:
**Congressman Norm Dicks
Attention: Flag Coordinator
2467 Rayburn House Office Building
Washington, D.C. 20515**