Congresswoman Carolyn Maloney's Flag Order Form

(Please Print this Page)

Name:	Today's Date:		
Address:			
City:	State:	Zip Code:	
Phone:			_
Would you like	e the flag flown over t	he Capitol? Yes or No	o (Circle One)
	itect of the Capitol cha		
If so, on what o	date(s)?		
NOTE: The dat recommended.	e must be requested at	least six weeks in adva	ance. Alternate dates are
	ke the flag flown over	the U.S. Capitol to h	onor a specific person or special
occasion, pleas	e explain:		
· -	-		
3x5 Nylon 3x5 Cottor 5x8 Cottor Shipping: \$ 3.00	05 per flag (optional)	_4x6 Nylon: \$ 13.50 p	er flag er flag
_		bove, please write the	address to send flag(s) to below:
Address:			
City:	State:	Zip Code:	
Make checks pa	ayable to Congresswor	man Carolyn B. Malo send cash).	ney's office supplies (please do not
	Send your	check and a completed	form to:
	•	: FLAG COORDINAT	
		N. Carolyn B. Malone	
		RN HOUSE OFFICE	•

WASHINGTON, DC 20515

If you have any questions, please call (202) 225-7944 for assistance.