Flag Request Form

Today's Date:	Date to	Date to be flown:		
REQUESTED BY: NAME				
ADDRESS (A)	(Street)			
(City)	(State)		(Zipcode)	
PHONE NUMBERS				
(Home)			(Business)	
FLOWN FOR: NAME				
ADDRESS (B)				
	(Street)			
(City)	(State)		(Zipcode)	
PURPOSE: (Birthday, ar for the celebration of *Please write it as you	Maj. Smith's retin	rement"		
"This Flag was flown for"				
ADDRESS YOU WISH FLAG S	SENT TO: (Please (Circle) A	В	
TYPE OF FLAG: (Indicate	e quantity/size and	d circle mater	cial)	
Quantity 	Size 3 x 5 4 x 6 5 x 8	cotton \$17.25 none \$28.80	nylon \$16.90 \$21.50 \$26.00	
No cash - Checks must k Account"	oe made out to "Cha	arles Boustany	y's Office Supply	

Payment should be enclosed with this order form and sent to:

Congressman Charles W. Boustany, Jr.

Attention: Jack Pandol

1431 Longworth House Office Building Washington, DC 20515

Please be advised, flag orders will take four to six weeks to complete.