

OFFICE OF SENATOR ROGER WICKER
FLAG REQUEST FORM

Name and address where you would like the flag to be sent:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

Name, telephone numbers, and email where you can be reached:

NAME _____

DAYTIME # _____ EVENING # _____

EMAIL ADDRESS _____

Date you are requesting the flag to be flown: _____

Certificate will read:

"THIS FLAG WAS FLOWN FOR _____ (name)

ON THE OCCASION OF _____ (event)."

*Please print all above information exactly as you wish it to appear on the authenticity certificate.

Please indicate which size flag you would like to be flown. Check or money order ONLY made payable to: Keeper of the Stationery

	QUANTITY	TOTAL
3 x 5 Nylon	_____ x \$9.00	\$ _____
3 x 5 Cotton	_____ x \$9.25	\$ _____
5 x 8 Nylon	_____ x \$18.00	\$ _____
5 x 8 Cotton	_____ x \$20.00	\$ _____
Flying & Certification cost	_____ x \$4.05	\$ _____
Shipping & Handling	_____ x \$4.00	\$ _____
	TOTAL \$	_____