OFFICE OF SENATOR ROGER WICKER Pre- Flown FLAG REQUEST FORM

(the only difference is that you will receive this flag sooner)

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

NAME					
STREET					
CITY			_ STATE	ZIP	
Name, telepho	one numbers,	and email w	vhere you can	n be reached:	
NAME					
DAYTIME #		E	EVENING #		
EMAIL ADDRE	SS				
Certificate wil "THIS FLAG W)R			(name)
ON THE OCCASION OF					(event)."
*Please print a authenticity c		rmation exa	ictly as you w	rish it to appear	r on the
				rice includes ship payable to: Keep	
3 x 5	Nylon	\$13.05			
3 x 5	Cotton	\$13.30			
5 x 8	Nylon	\$22.05			
5 x 8	Cotton	\$24.05			