Congressman Bill Posey FLAG REQUEST FORM

Please complete form mail request to:

Congressman Bill Posey 120 Cannon House Office Building Washington, D.C. 20515 Phone: (202) 225-3671

First Name: Last Name:			ame:	
Address:				
City:		State:	Zip Code:	
Phone Number	er:			
Email:				
Indicate the	number of which flag	g(s) you would li	ke below:	
* Please note	: flag prices are subjec	ct to change.		
0	3 X 5 Cotton @ \$17	.25 each		
0	5 X 8 Cotton @ \$28	.00 each		
0	3 X 5 Nylon @ \$17.	3 X 5 Nylon @ \$17.00 each		
0	5 X 8 Nylon @ \$26.00 each			
0	4 X 6 Nylon @ \$21.	50 each		
Do you want	the flag flown over the	e Capitol (circle o	one)? YES NO	
Do you have	a date preference (circ	cle one)? YES N	О	
If yes, please	fill in date (allow 4-6	weeks notice price	or to the desired date):	
What occasio Message:	n or person will the fl	ag be for as you v	would like written on the certificate?	
•	to (if other than listed		ame:	
Address:				
City:		State:	Zip Code:	
Phone Number	er:			

PAYMENT: We can only accept check payment. Your flag can not be shipped to you until payment has been received. Please make all checks payable to Posey Supply Account and mail to: Congressman Bill Posey 120 Cannon House Office Building Washington, D.C. 20515