

POPPY ORDER FORM

ORDER SUBMITTED BY	
NAME	
STREET ADDRESS	
CITY	ZIP CODE
PHONE NUMBER	

ORDER TO BE SHIPPED TO	
NAME	
STREET ADDRESS	
CITY	ZIP CODE
PHONE NUMBER	

ITEM	QUANTITY	AMOUNT
ASSMBLED POPPIES \$160.00 Per Thousand		\$
POPPY KIT \$80.00 Per Thousand		\$
<i>(all orders minimum of 500)</i>		SUB TOTAL
		\$
		\$
		SHIPPING COST
		TOTAL
		\$

CHECK ONLY ONE:			
VISA	<input type="checkbox"/>	MC	<input type="checkbox"/>
AMEX	<input type="checkbox"/>	DISCVR	<input type="checkbox"/>
CHECK	<input type="checkbox"/>	CHECK #	_____
CREDIT CARD # _____			
Credit Card Exp. Date	Credit Card Holder Signature		Security Code #
Make All Checks Payable To: <u>The American Legion, Dept. of Illinois</u>			

 SIGNATURE OF PERSON REQUESTING THIS ORDER

 DATE