AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA
PO BOX 547917
ORLANDO FL 32854-7917

POPPY ORDER FORM (ONE DISTRIBUTION ONLY!)

DATE_____

ORDER MUST REACH DEPARTMENT OFFICE 90 DAYS PRIOR TO UNIT POPPY DAY!

UNIT LOCATION _____ UNIT/DIST# _____/_____

NUMBER OF POPPIES _____COST (plus Shipping)$_____DATE OF POPPY DISTRIBUTION _____
(DATE REQUIRED)

* IS YOUR POPPY DISTRIBUTION DONE THROUGH THE MAIL? YES or NO If yes, date if mailing? _____

If Unit does not plan to distribute Poppies and they are only for display or arrangements check here. _____
(Do not put a date above for distribution and note the Unit can not distribute these poppies for donations!)

MAIL POPPIES TO: _____
(TYPE OR PRINT LEGIBLY)

ADDRESS _____

PHONE# _____
(AREA CODE)

I, THE UNDERSIGNED, AGREE TO PAY THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLORIDA TWENTY-FIVE PERCENT 25% OF THE NET PROCEEDS OF POPPY DAY WITHIN THIRTY (30) DAYS FOLLOWING THE UNIT'S POPPY DAY.

_____
SIGNED BY UNIT PRESIDENT OR SECRETARY

UNIT COST OF POPPIES: 1,000 - $75.00
500 - $37.50
250 - $18.75

Shipping 250-500 is $2.00
501- 1,000 is $5.00
1,001 – 3,000 is $7.00
3,001 and up is $10.00

Make check payable to:
ALA, DEPT OF FLORIDA
PO BOX 547917
ORLANDO FL 32854-7917

MINIMUM ORDER ACCEPTED 250!
NO ORDERS WILL BE ACCEPTED BY THE DIRECTOR OF POPPY MANUFACTURE!

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FOR OFFICE USE ONLY

UNIT #

PACK DATE:_____ SHIP DATE:_____

QUANTITY SHIPPED:_____ PACKED BY:_____

PERSON SHIPPED TO, IF OTHER THAN NAME LISTED ABOVE:_____

TO BE COMPLETED BY VAMC REPRESENTATIVE AND RETURNED TO DEPARTMENT HEADQUARTERS.