

Flag Request Form

Today's Date: _____ Date to be flown: _____

REQUESTED BY: NAME _____

ADDRESS (A) _____
(Street)

(City) (State) (Zip Code)

PHONE NUMBERS

(Home) (Business)

FLOWN FOR: NAME _____

ADDRESS (B) _____
(Street)

(City) (State) (Zip Code)

PURPOSE: (Birthday, anniversary, etc...) Example: "This Flag was flown for the celebration of Maj. Smith's retirement"

*Please write it as you would like it to appear on the certificate.

"This Flag was flown
for.... _____
_____."

ADDRESS YOU WISH FLAG SENT TO: (Please Circle) A B

TYPE OF FLAG: (Indicate quantity/size and circle material)

Quantity	Size	cotton	nylon
_____	3 x 5	\$17.25	\$16.90
_____	4 x 6	none	\$21.50
_____	5 x 8	\$28.80	\$26.00

No cash - Checks must be made out to "**Charles Boustany's Office Supply Account**"

Payment should be enclosed with this order form and sent to:
Congressman Charles W. Boustany, Jr.
Attention: Albin Soares
1117 Longworth Building
Washington, DC 20515

Please be advised, flag orders will take four to six weeks to complete.