

**OFFICE OF SENATOR ROGER WICKER
FLAG REQUEST FORM**

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

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

Name, telephone numbers, and email where you can be reached:

NAME _____

DAYTIME # _____ EVENING # _____

EMAIL ADDRESS _____

Date you are requesting the flag to be flown: _____

Certificate will read:

“THIS FLAG WAS FLOWN FOR _____ (name)

ON THE OCCASION OF _____ (event).”

***Please print all above information exactly as you wish it to appear on the authenticity certificate.**

Please indicate which size flag you would like to be flown. Check or money order **ONLY** made payable to: **Keeper of the Stationery**

		QUANTITY	TOTAL
3 x 5	Nylon	_____ x \$11.00	\$ _____
3 x 5	Cotton	_____ x \$12.00	\$ _____
5 x 8	Nylon	_____ x \$21.00	\$ _____
5 x 8	Cotton	_____ x \$24.00	\$ _____
Flying & Certification cost		_____ x \$9.00	\$ _____
Shipping & Handling cost (per flag)		_____ x \$8.80	\$ _____

TOTAL \$ _____