

POPPY ORDER FORM 2024-2025

EARLY ORDERS ARE REQUESTED

DATE:	DISTRICT #:	DATE:		
Name of person comp	eting form:			
Contact Info:				
(Required) (Phon	e) (E-mai	I)		
Shipping information:				
	NAME (if different than ordering person)			
	ADDRESS			
	CITY, STATE ZIP			
	NO ORDERS ACCEPPTED	inform the office as soon as possible. This will enable us		
Poppies Needed by:				
	(please give 30 days notice)		
<u>PRICE LIST</u> 1,000\$200.00 750 \$150.00	Number of Poppies Req	uested Cost \$		
500\$100.00 300\$60.00 200\$40.00 100\$20.00 50\$10.00 POPPIES ARE \$.20 EA	Shipping Cost \$ TOTAL AMOUNT SUMBITTED \$ ACH			
SHIPPING COST (Ship 0-199\$8.00 200-999\$15.00 1000 +\$20.00	ping cost can come from Poppy Fu	nds)		
WE NO	D LONGER HAVE ANYONE T ALL POPPIES WILL	O MAKE MORTUARY POPPIES BE MEMORIALS		
MAIL ALL ORDERS	<u>TO</u> : American Legion Auxili 600 Ellis Blvd Jefferson City MO 6510 (573) 636-9133 Email: dptmoala@outle)1		
WE SUGGE	ST YOU OPEN AND COUNT Y	ON AUXILIARY, DEPT OF MISSOURI YOUR ORDER UPON RECEIPT. IF A C NOTIFY US IMMEDIATELY. LICATED AS NEEDED		

Office Use Only Check #	Check \$	Scan Date	Forward	Revised 9/2024