*\*Orders must reach Department 90 days prior to Unit poppy day. Orders received after 90 days will be processed on a first-come first-served basis, based upon limited availability.\**

Date: \_\_\_\_\_\_\_\_\_ Unit Number /Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your poppy distribution done through mail? YES NO If yes, date of mailing? \_\_\_\_\_\_\_\_\_\_\_\_\_

If Unit does not plan to distribute poppies and they are only for display or arrangements, check here

Number of Poppies: \_\_\_\_\_\_\_ Cost: $\_\_\_\_\_\_\_ Shipping : $\_\_\_\_\_\_\_ Total: $\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_

Mail Poppies to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Include area code)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please sign one below:** City Zip Code

I, the undersigned, agree to pay the American Legion Auxiliary, Department of Florida, twenty-five percent (25%) of the net proceeds of our poppy day within thirty (30) days of distribution date.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed by Unit President, Secretary or Treasurer

I, the undersigned, certify that poppies are being purchased for display purposes only as indicated above, and that said poppies will not be distributed for donations. (*Please do not include a date for distribution on the above form*!)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed by Unit President, Secretary or Treasurer

 \*Please call for shipping costs on orders over 7,000.

Unit Cost for Poppies: Shipping Costs:

1,000 - $75.00 750- 7,000 $18.85

500- $37.50 250-500 $13.60

250 - $18.75 (sold in increments of 250 only)

*Check is payable to: ALA, Dept. of Florida , PO BOX 547917, Orlando, FL 32854-7917*

*----------------------------OFFICE USE ONLY / To be completed by VAMC Rep and returned to Department------------------*

Unit # \_\_\_\_\_\_\_\_ Order Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ship Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity Shipped: \_\_\_\_\_\_\_\_\_\_

Packed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person shipped to, if different than listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_