



Department of Florida

Poppy Order Form

*Orders must reach Department 90 days prior to Unit distribution days.
Orders will be processed on a first come, first served basis, based upon availability.

Date: _____ Unit Number /Location: _____

Distribution Start Date for Poppies: _____

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# _____

Email Address: _____

Mailing Address for poppies: _____

City _____ Zip Code _____

Phone Number: _____

Table with 2 columns: Unit Cost for Poppies (sold in increments of 250 only) and Shipping Costs. Rows include 250, 500, 1000 unit costs and 250-2000, 2250-5000, 5250-15,000 shipping cost ranges.

Please sign:

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 listed above.

(Unit Officer)

Check is payable to: ALA, Dept. of Florida, 1912A Lee Road, Orlando, FL 32810

OFFICE USE ONLY Shipping Date: _____ Quantity Shipped: _____

Tracking Number: _____