American Legion Auxiliary, Department of Florida
PO BOX 547917- Orlando, FL 32854-7917

Poppy Order Form - (One Distribution Only!)

*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: ________________________________

Distribution 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#______

Mail Poppies to: ________________________________________________________ Phone # ________________________________

(Include area code)

Address: ____________________________________________________________________________

City Zip Code

Please sign one below:

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.

________________________________________
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:

1,000 - $75.00

500- $37.50

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: __________________________