

Flag Order Form

Senator George V. Voinovich

Today's Date: ____/____/____

Shipping address, if different:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____, OH ZIP: _____

City: _____, ____ ZIP: _____

Phone: (_____) _____

Flags may be flown over the Capitol Building. Do you wish for your flag to be flown over the Capitol Building (please use one form for each flag to be flown)? Yes ____ No ____

Indicate desired flag type, size and quantity:

_____	3x5	Nylon	\$17.05
_____	3x5	Cotton	\$17.30
_____	4x6	Nylon	\$21.55
_____	5x8	Nylon	\$26.05
_____	5x8	Cotton	\$28.05

Note: Price reflects the actual cost of the flag and the cost of having it flown.

Subtract \$4.05 per flag if not flown.

TOTAL: \$ _____

Make check payable to: Keeper of the Stationery

Flown flags are accompanied by a commemorative certificate indicating the following information you provide:

Name of person or organization for which the flag is to be flown:

The occasion for which the flag is to be flown:

Date the flag is to be flown (request must be received three days prior to date indicated):

Mail your request to: Senator George V. Voinovich
Attn: Flag Coordinator
317 Hart Building
Washington, D.C. 20510