



**Congressman David P. Joyce
FLAG REQUEST FORM**



Name of person ordering flag: _____

Address: _____

City, State, Zip Code: _____

Telephone: (_____) _____

Person/Group to be honored: _____

Occasion: _____

Date flag is to be flown over the Capitol: _____

Please specify if you would rather have the flag sent to the honoree:

Address of honoree: _____

Size:	Flown:	Not Flown	Quantity
3 x 5 nylon	\$21.85	\$15.85	_____
3 x 5 cotton	23.35	17.35	_____
4 x 6 nylon	27.35	21.35	_____
5 x 8 nylon	32.35	26.35	_____
5 x 8 cotton	36.70	30.70	_____

Please make checks payable to: HOUSE OFFICE SUPPLY ACCOUNT #OH 141313

Return your remittance to:
 Congressman David P. Joyce
 1124 Longworth House Office Building
 Washington, D.C. 20515
 ATTENTION: Flag Requests

Send urgent request to:
 Congressman David P. Joyce
 1 Victoria Place, Rm 320
 Painesville, Ohio 44077

**Please allow approximately eight (8) weeks delivery on all flag orders.