

American Legion Auxiliary Department of Arkansas



# POPPY ORDER FORM



(Fiscal Year July 1, 2009 — June 30, 2010)

2009/2010

**FALL 2009**

District Number \_\_\_\_\_ Unit City \_\_\_\_\_ Unit Number \_\_\_\_\_

Poppy Chairman (or President) \_\_\_\_\_

Phone (8 AM — 4 PM) (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Quantity Ordered \_\_\_\_\_

Fall Distribution (November 2009)  
Cost: **\$15.00 per 100**

Date Ordered \_\_\_\_\_

And 35% of net proceeds for Child Welfare, payable immediately after distribution. **Deadline Nov. 30, 2009.**

We will pick them up: \_\_\_\_\_

Please Mail them: \_\_\_\_\_

Please, Mail Poppy Orders and Payments to:

American Legion Auxiliary Department of Arkansas  
1415 W. 7<sup>th</sup> St.  
Little Rock, AR 72201

**Please destroy all previous (OLD) Poppy Order Forms**

*(Revised July 23, 2009)*

