

Office Use Only

Check #

___ Check \$____

POPPY ORDER FORM 2025-2026

EARLY ORDERS ARE REQUESTED

DATE:	DISTRICT #:	UNIT:	
Name of person comple	ting form:		
Contact Info			
(Required) (Phone)	(E-m	ail)	
Shipping information:			
	NAME (if different than ordering perso	n)	
-	ADDRESS		
ē	CITY, STATE ZIP		
	EXECUTIVE BOARD: Each	D WITHOUT PAYMENT.	•
If order is more than 2 wee.	ks late in receiving of order, pleas to track the order in		possible. This will enable u
Poppies Needed by:	(please give at least 30 d		
	(please give at least 30 d	ays' notice, if possible)	
PRICE LIST			
	Number of Poppies Re	quested	_ Cost \$
750 \$150.00 500\$100.00		Shipping (Cost \$
300\$60.00 200\$40.00			
100\$20.00	TOTAL AMOUNT SUMBITTED \$		
50\$10.00 POPPIES ARE \$.20 EAC	СН		
		Francis (
0-199\$8.00	ing cost can come from Poppy F	unus)	
200-999\$15.00			
1000 +\$20.00			
WE NO	LONGER HAVE ANYONE ALL POPPIES WILI		POPPIES
MAIL ALL ORDERS		iliary	
	600 Ellis Blvd	101	
	Jefferson City MO 65 (573) 636-9133	101	
	Email: dptmoala@out	look.com	
MAKE CHECK PAVA	BLE TO: AMERICAN LEG	JON AUXILIARY. DEPT	OF MISSOURI
	T YOU OPEN AND COUNT		
	REPANCYOCCURS, PLEAS	SE NOTIFY US IMMEDIA	
	THIS FORM MAY BE DU	PLICATED AS NEEDED	

_____ Scan Date _____ Forward ___

Revised 9/2024