AMERICAN LEGION AUXILIARY

POPPY ORDER FORM 2026-2027

EARLY ORDERS ARE REQUESTED

DATE:_____ **DISTRICT #:** _____ **UNIT:**_____

Name of person completing form: _____

Contact Info:_____
(Required) **(Phone)** **(E-mail)**

Shipping information: _____
NAME (if different than ordering person)

_____
ADDRESS

_____
CITY, STATE ZIP

BY RULING OF THE EXECUTIVE BOARD: Each order must be accompanied by check for full amount.
NO ORDERS ACCEPTED WITHOUT PAYMENT.

If receipt of order is more than 2 weeks late, please inform the office as soon as possible. This will enable us to track the order in a timely manner.

Poppies Needed by: _____
(please give at least 30 days' notice, if possible)

PRICE LIST

1,000----$300.00
750----- $225.00
500------$150.00
300------$90.00
200------$60.00
100------$30.00
50-------$15.00
POPPIES ARE $.30 EACH

Number of Poppies Requested _____ **Cost $** _____

Shipping Cost $ _____

TOTAL AMOUNT SUBMITTED $_____

SHIPPING COST (Shipping cost can come from Poppy Funds)
0-199--$9.00
200-999--$17.00
1000 --$22.00 (each 1000 poppies is $22)

MAIL ALL ORDERS TO:
American Legion Auxiliary
600 Ellis Blvd
Jefferson City MO 65101
(573) 636-9133
Email: dptmoala@outlook.com

MAKE CHECK PAYABLE TO: AMERICAN LEGION AUXILIARY, DEPT OF MISSOURI
WE SUGGEST YOU OPEN AND COUNT YOUR ORDER UPON RECEIPT. IF A DISCREPANCY OCCURS, PLEASE NOTIFY US IMMEDIATELY.
THIS FORM MAY BE DUPLICATED AS NEEDED

Office Use Only
Check #_____ Check $_____ Scan Date _____ Forward _____

Revised 06/2026