Flag Request Form for the Constituents of the MA 3rd District

Date: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

Would You Like the flag to be flown over the Capitol? Yes _____ ($4.05 Fee)

If YES, what day would you like the flag to be flown? _____

Person/Group to be honored _____

Special Occasion (if any) _____

Where should the flag be sent?

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Specify the Quantity and Size of Flag(s)

Quantity	Size	Material	Price	Flying Fee	Mailing Fee
_____	3x5	Nylon	$9.00	$4.05	$4.60
_____	3x5	Cotton	$9.25	$4.05	$5.30
_____	4x6	Nylon	$13.50	$4.05	$5.30
_____	5x8	Nylon	$18.00	$4.05	$5.30
_____	5x8	Cotton	$20.00	$4.05	$6.40

Checks Payable to: **Office Supply Accounts-MA 0350**
Please Send Forms with Payment to:
U.S. Representative James P. McGovern
34 Mechanic St
Worcester, MA 01608
For Office Use Only: Date Delivered: _____ *Date Mailed:* _____