Congressman Danny K. Davis
2159 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-5006
FLAG ORDER FORM

Name:__________________________________________________________

Address: _________________________________________________

Street                        City           State             Zip Code

Phone (home): (  )____-____   (work): (   )____ -____

Please indicate the flag size and fabric you would like.
The total cost includes packing and shipping costs to businesses and residences within Illinois’s 7th Congressional District. Any individuals considering flag deliveries outside of Illinois’s 7th Congressional District should contact the Flag Coordinator in the Washington D.C. office for cost details before calculating a total.

<table>
<thead>
<tr>
<th>Flag Type</th>
<th>Flag Cost</th>
<th>Flying Fee</th>
<th>Total</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3'x5'cotton</td>
<td>$9.25</td>
<td>$4.05</td>
<td>$17.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3'x5'nylon</td>
<td>$9.00</td>
<td>$4.05</td>
<td>$18.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4'x6'nylon</td>
<td>$13.50</td>
<td>$4.05</td>
<td>$24.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5'x8'cotton</td>
<td>$20.00</td>
<td>$4.05</td>
<td>$30.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5'x8'nylon</td>
<td>$18.00</td>
<td>$4.05</td>
<td>$28.90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $____________________

Mark which applies:
Do you want your flag flown over the U.S. Capitol? Circle one: Y / N

If so, please specify the date to be flown? ___/___/_______

Will the Flag be flown for a special occasion? Circle one: Y / N

(For example: Joe Smith on his 65th birthday or In honor of...)

Checks or money order only please. Payment is necessary in order for you to receive your flag.

Make Payable to: Congressman Danny K. Davis Office Supply Account

Please PRINT and mail the Flag Order form to:

Congressman Danny K. Davis
2159 Rayburn House Office Building
Washington D.C. 20515
ATTN: FLAG REQUEST

*Please allow 6-8 weeks for us to process your request

OFFICIAL USE ONLY: Sent to Capitol to Fly: _____/_____/_______
Returned from Capitol: _____/_____/_______ Check Received: _____/_____/_______
Name on Check: ___________________________ Check Number: __________________________
Amount: $________.________ Mailed to Constituent: _____/_____/_______