



COMMANDER SHIRT ORDER FORM 2021-2022



Did you know you can order online? Just go to www.floridalegionstore.org

Name: _____ Post: _____

Phone: _____ Email: _____

DELIVERY METHOD

Pick Up at HQ Orlando Pick Up at Convention Delivery*

**Additional Shipping fee is required for delivery, see chart below.*

Please allow 3-4 weeks for delivery. You will be notified prior to shipment.

Shipping Address: _____

City: _____ State: _____ Zip: _____

SHIRT OPTIONS

Style	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty		
Men's	XS		S		M		L		XL		2XL		3XL		4XL		5XL	
Ladies'	XS		S		M		L		XL		2XL		3XL		4XL			

TOTAL

Shirts are **\$35 each**, add **\$6 each** for extended sizes **2XL-5XL**, price includes personalization. Please see next page for personalization options. If tax exempt, please include copy of exemption form.

DELIVERY FEES*

Order Subtotal	Shipping Cost	Order Subtotal	Shipping Cost
\$30.01 - \$50.00	\$8.95	\$300.01 - \$400	\$24.95
\$50.01 - \$100.00	\$9.95	\$400.01 - \$500	\$33.95
\$100.01 - \$200.00	\$15.95	\$500.01 & over	\$39.95
\$200.01 - \$300.00	\$21.95		

Subtotal	\$
Tax (6.5%)	\$
Shipping	\$
Grand Total	\$

PAYMENT

Please return form and payment to Department Headquarters:

The American Legion, Dept of FL; Attn: Emblem Sales, PO Box 547859, Orlando, FL 32854

Cash Check # _____ Credit Card

Card Type: Visa Mastercard Discover American Express

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____



COMMANDER SHIRT ORDER FORM

2021-2022

PERSONALIZATION (Line 1 example: First Name Last Name. Line 2 example: Post # Title)

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

Size: _____ Line 1: _____

Qty: _____ Line 2: _____

By signing below, I agree that I have verified the information provided as correct and free of errors. I acknowledge that The American Legion, Department of Florida is NOT responsible for incorrect information provided.

Signature: _____ Date: _____