



COMMANDER SHIRT ORDER FORM 2023-2024



Name: _____ Post: _____
Phone: _____ Email: _____

DELIVERY METHOD

☐ Pick Up at HQ Orlando ☐ Pick Up at Dept Fall Conference ☐ Delivery*

**Additional shipping fee of \$10 is required for delivery.*

Please allow 4-6 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	Size	Qty	Size	Qty
Men's w/Pocket	XS		S		M		L		XL		2X		3X		4X					
Men's	XS		S		M		L		XL		2X		3X		4X		5X		6X	
Ladies	XS		S		M		L		XL		2X		3X		4X					

TOTAL

Shirts are **\$35 each**, add **\$5 each** for extended sizes 2X-6X, price includes personalization.

Please see the next page for personalization options. If tax-exempt, please include a copy of the exemption form, if not already on file.

Delivery is a flat rate of \$10. Pickups at Headquarters and Fall Conference are free, however, please wait until you receive notification your order is ready before picking up.

Subtotal	\$
Tax (6.5%)	\$
Shipping	\$ 10.00 or Free Pickup
Grand Total	\$

PAYMENT

Please return form and payment to Department Headquarters: **Email** (emblemsales@floridalegion.org) | **Fax** (407-299-0901)

Mail (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: _____

P.O. BOX 547859
ORLANDO, FL 32854-7859

www.floridalegion.org

TOLL FREE (800) 393-3378
FAX (407) 299-0901



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PERSONALIZATION You are allowed up to two lines of personalization, with up to 20 characters on each line, including spaces and special characters. (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: _____