DETACHMENT SHIRT ORDER FORM
2023-2024

Name: _____   Squadron: _____

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	

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: _____

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PERSONALIZATION You are allowed up to <u>two lines</u> of personalization, with up to <u>20 characters</u> 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: _____

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Size: _____ Line 1: _____

Qty: _____ Line 2: _____

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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 Department of Florida is NOT responsible for incorrect information provided.

Signature: _____ Date: _____