



COMMANDER SHIRT ORDER FORM 2024-2025



Name: _____ Post: _____

Phone: _____ Email: _____

DELIVERY METHOD

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

**An additional shipping flat fee of \$10 is required for delivery.*

Please allow 4-6 weeks for delivery. You will be notified before shipment.

Shipping Address: _____

City: _____ State: _____ Zip: _____

SHIRT OPTIONS *Enter Quantity for each style/size.*

Style	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Cost
Men's Pocket	XS		S		M		L		XL		2X		3X		4X		\$
Men's No Pocket	XS		S		M		L		XL		2X		3X		4X		\$
Ladies	XS		S		M		L		XL		2X		3X		4X		\$

TOTAL

Shirts are **\$40 each**, add **\$2 each for Men's w/Pocket**, 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 conference are free, however, please wait until you receive notification your order is ready before picking up.

Subtotal	\$
Tax (6.5%)	\$
Shipping	\$
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: _____



COMMANDER SHIRT ORDER FORM

2024-2025

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)

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ 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: _____