



# COMMANDER SHIRT ORDER FORM 2026-2027



Name: \_\_\_\_\_ Post: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DELIVERY METHOD

Pick Up at HQ Orlando  Pick Up at Dept Convention  Delivery\*

*\*An additional shipping 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	XS		S		M		L		XL		2X		3X		4X		\$
Ladies	XS		S		M		L		XL		2X		3X		4X		\$

## TOTAL

Shirts are **\$40 each\*** with two lines of personalization\* included. \*Up to 20 characters per line, including spaces and special characters. See next page for options.

If tax-exempt, provide an exemption form if not already on file.

Check here if tax exempt.

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

## PAYMENT

Please return form and payment to Department Headquarters: **Email** ([emblemsales@floridalegion.org](mailto: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 **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: \_\_\_\_\_