



American Legion Auxiliary - Department of Arkansas

Mail: PO Box 1010, Little Rock, AR 72203

1415 West 7th Street, Little Rock, AR 72201

Poppy Order Form & Remit Proceeds Form

Spring 20_____

Fall 20_____

Unit Name:_____ Unit Number _____ District:_____

Enclosed is check number _____ In the amount of \$ _____

For _____ poppies at \$30.00 per 100 poppies

Payment must be received before poppies are mailed or picked

Up at Department Headquarters

Mail poppies to:

Name: _____

Address: _____

City: _____ **Zip Code** _____

Phone: _____ **email:** _____

Unit #	Retain a copy of this form for you unit file.
Department use	Date received: _____ Check # _____
	Date picked up by unit _____
	Date mailed to unit _____

REMIT PROCEEDS

Please promptly remit 35% of net poppy proceeds to Department HQ in support of Veterans Affairs and Rehabilitation.

Make checks payable to ALA Department of Arkansas.

Enclosed is check number _____ In the amount of \$ _____

