



**AMERICAN LEGION AUXILIARY  
Department of Arkansas**

1415 West 7th Street  
Little Rock, AR 72201  
501-374-5836 Fax: 501-372-0855  
Email: arkaux@att.net

# Poppy Order Form

Spring 20 \_\_\_\_\_

Fall 20 \_\_\_\_\_

Unit Name \_\_\_\_\_ Unit Number \_\_\_\_\_ District \_\_\_\_\_

We will pay immediately after distribution for \_\_\_\_\_ poppies at \$20.00 per 100 poppies.

**\*or\***

Enclosed is check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

for \_\_\_\_\_ poppies at \$20.00 per 100 poppies)  
(#of poppies)

## Make check payable to ALA Department of Arkansas

Mail Poppies To: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Unit		Retain a copy of this form for your Unit File
Department Use		Date Received _____ Check # _____ Date Mailed to Unit _____
		Date picked up by Unit _____