VETERANS OF FOREIGN WARS AND AUXILIARY "VFW BUDDY POPPY ORDER FORM"

FULL NAME: (Must be th	e name of an individual,	not a Post or Au	uxiliary name)	
Ordered by: (circle one) POST No	D			
	or			
AUX NO	D			
	(Cannot be "F	Both")		
MAILING ADDRESS				
(Street) DO NOT USE A PO BOX FOR A N	(City) 1AILING ADDRESS. ORD		` ' '	
DATE OF POPPY EVENT:		_(Do not use AS	AP; allow 4-6 v	weeks for delivery)
	onth/Day/Year)			
Number of Poppies	1.000 for \$120.	00	ġ	.
	500 (min order)		5	
Enclosed is our check in the above Poppies and F				
	,		(Mon	th/Day/Year – do se ASAP)
Signed:				
Name		Title		
NOTE: ALL ORDERS MUST BE SE	NT TO THE STATE HEAD	QUARTERS. OF	RDERS FAX'D 1	<u>O 304-768-</u>
1407 OR CALLED IN TO STATE H	EADQUARTERS WILL BE	FORWARDED (ONCE PAYMEN	<u>IT IS</u>
<u>RECEIVED.</u>				
Please make checks paya	able to: VFW STATE OF V	VEST VIRGINIA.		
Send all Orders and ched	cks direct to:	VFW	State of West	Virginia
		PO B	ox 9431	
		Soutl	h Charleston, \	WV 25309