

OFFICIAL ORDER POPPY BLANK
AMERICAN LEGION AUXILIARY – DEPARTMENT OF NEW YORK, INC.

IMPORTANT - READ CAREFULLY

Send **white and yellow** form to the Department Poppy Chairman when you place your order.
The **pink** copy is for your records.

Place your order **NOW**, prior to **December 1, 2009**, accompanied by check made payable to:
Treasurer, American Legion Auxiliary, Department of New York.

Send check to: Judy MacRoberts
5 Lansing Ave.
Troy, NY 12180

CHECKS MUST ACCOMPANY ORDER

(All poppies are made by Veterans in hospitals or special workshops supervised by the American Legion Auxiliary).
In consideration of your furnishing and shipping the following material, we hereby agree to conduct ourselves under
the rules and regulations as set forth by our Department and National Organizations. It is understood that the
merchandise is not returnable. Upon receipt of your poppy order, please store in a dry place.

PLEASE TYPE OR PRINT LEGIBLY

_____ Poppies \$ **175.00** per 1000 \$ _____
_____ Poppy Can Labels \$ _____ (**\$.20** per label-minimum order **5/\$1.00**)
_____ ID Cards, if needed

Unit or Post Name _____ # _____ County _____ District _____

Nearest VA Medical Center making Poppies _____

Signature _____ Date _____

Tel. Number: _____ E-mail _____

RULES GOVERNING AMERICAN LEGION AUXILIARY POPPY DRIVE

Poppies offered the public under the name and emblem of The American Legion Auxiliary and The American Legion are
made by Veterans who are being paid for their work. Posts and Units sponsoring Poppy drives and offering poppies are
prohibited from buying or selling poppies other than those offered on the above order blank, in accordance with the
Resolution unanimously adopted at the 1943 New York City Convention of The American Legion Auxiliary, Department of
New, Inc. Orders shall be sent to the name and address appearing on this order blank. Service on the Poppy drive shall be
Voluntary. There are no paid workers.

Net proceeds from the Poppy Drive shall be used only for Veterans Affairs & Rehabilitation and Children of Veterans

Karyn Porempski
Department President

Judy MacRoberts
Department Poppy Chairman

SHIP TO : (PLEASE TYPE OR PRINT CLEARLY)

Name _____

Address _____ No Box or RD Numbers)

City _____ State _____ Zip _____