

**Official Poppy Order Form 2024-2025
American Legion Auxiliary Department of New York, Inc.**

OFFICE USE ONLY Check# _____ Date _____ Amt. _____ Date Rec. _____

Mail this form & check made payable to:

**American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg. #1, Suite #3,
Castleton-on-Hudson, NY 12033**

**Place your order prior to December 1, 2024
Orders received after due date may not be filled**

(The Department of New York will continue to have poppies 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 it in a dry place.

PLEASE TYPE OR PRINT LEGIBLY

Minimum order

Poppy Order: 1000 poppies \$250. _____ 500 poppies \$125. _____

_____ **Poppy Can Labels - Minimum order 4/\$1.00**

Unit/Post Name _____ # _____ County _____ District _____

Signature _____ Date _____

Phone : (____) _____ E-mail _____

Rules Governing American Legion Auxiliary Poppy Drive

Poppies offered to the public in New York State under the name and emblem of the American Legion Auxiliary and American Legion are still being 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. A resolution amended and adopted on May 9, 2013, by the American Legion National Executive Committee replaces and supersedes all previous American Legion National Poppy Program Resolutions. 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 for Veterans, military, and their families.

**Kimberly A. Quick
Department President**

**Laura Booth
Department Poppy Chairman**

Ship To: (Please open and inspect poppies when received.)

PLEASE TYPE OR PRINT CLEARLY

Name _____

Address _____ **(No PO Box or RD Numbers)**

City _____ **State** _____ **Zip** _____