

Swansea Rotary Club

American Flag Program
Application Form

Business Name _____

Local Contact _____ Phone # _____

Business Address _____

Email _____

Flag Location _____ # Flags _____

Billing Information

\$49 x _____ # Flags = __\$_____ Amount of Check

Billing Address:

___ Same as Business Address Above

___ Bill to Address Below

Business Name

Local Contact _____ Phone # _____

Address _____

Email _____

Please mail this form, along with payment to

Rotary Club of Swansea - Flag Program
P.O. Box 564
Belleville, Illinois 62222