



# Flags of Hope Order Form

**STEP 1.** – Complete the following: *(please print)*

Purchaser Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: (Street or P. O. Box) \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**STEP 2.** – Select from the following commemorative messages: *(pick one only)*

*Note:* Flag Colors will vary.

\_\_\_ In Memory of      \_\_\_ Celebrating      \_\_\_ Honoring      \_\_\_ In support of MPCCS

**STEP 3.** – Please PRINT the name associated with the above message: *(limit of 24 characters)*

*Note:* Complete one order form for EACH flag.

\_\_\_\_\_  
\_\_\_\_\_

**STEP 4.** – Delivery & Payment

Order forms and payment may be delivered to any of the following locations:

- Cancer Center of Acadiana – 1211 Coolidge Blvd., 1st floor, Burdin Riehl Medical Office Bldg.
- Lafayette General Medical Center Gift Shop – 1214 Coolidge Blvd.
- Miles Perret Cancer Services offices – 2130 Kaliste Saloom Road, Ste 200, Lafayette, LA 70508  
*(Forms and payment may also be mailed to MPCCS location.)*
- Questions? Call 337-984-1920 or visit us at [milesperret.org](http://milesperret.org)

Amount Included: \$ \_\_\_\_\_ (\$10 per flag)

\_\_\_ Cash      \_\_\_ Check      \_\_\_ Credit Card (\_\_\_ Visa, \_\_\_ M/C, \_\_\_ A/Ex.)

Card no.: \_\_\_\_\_

Date of expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

For Office Use Only:

Order Location: \_\_\_\_\_ F/C: \_\_\_\_\_ Flag No.: \_\_\_\_\_ Rope No.: \_\_\_\_\_