



**AMERICAN LEGION AUXILIARY**  
*Department of California*

**2024-2025 POPPY ORDER**  
**DEADLINE TO ORDER POPPIES: OCTOBER 1<sup>ST</sup>**

<b>Unit Information:</b>		
<b>Name:</b>	<b>Unit #:</b>	<b>District:</b>
<b>Email:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Payment Information:</b>		
<b>Name:</b>	<b>Unit #:</b>	<b>District:</b>
Will pay immediately after distribution for _____ (quantity) Poppies at \$.18 (eighteen cents each)		

**OR**

Enclosed is Check number _____ in the amount of _____ for _____ (quantity) Poppies at a cost of \$.18 (eighteen cents each/PF44501)
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<b>Mail Poppy Order Form (with check if paying now):</b>	
American Legion Auxiliary Department of California 401 Van Ness Avenue, Suite 319, San Francisco, CA 94102	
<b>Send Poppy Order Form (if no check):</b>	
calegionaux@calegionaux.org	
<b>Mail Poppy Order Form Copy:</b>	
Gabriella Ramos 3700 N. Tyler Ave Apt. D El Monte, CA 91731	<a href="mailto:poppy@calegionaux.org">poppy@calegionaux.org</a> (626)261-2375

**Keep a copy for your records**

