

Keene Chamber of Commerce Flag Memorial

Donor Name _____

Address _____

Phone Number _____

Number of Flags _____ x \$75.00 = \$ _____

Date Paid: _____

Circle one.

In Memory/Honor Of:

Please return completed application along with a check made payable to
Keene Chamber of Commerce in the amount of \$75 for each flag
purchased to P.O. Box 817, Keene, TX 76059.

