

2019-2020 National President Peggy Haake
ALWAYS SERVING VETERANS WITH ALOHA!!



The Department of Hawaii National President's committee is now selling and taking orders for the items listed below. Please complete the ORDER FORM below. Please print clearly or type in all information.

NAME: _____ email & Ph #: _____

ADDRESS: _____

City/State/Zip: _____

Department: _____ Title: _____

LADIES SHIRTS SIZES: ENTER 'HOW MANY' SHIRTS FOR EACH SIZE

SMALL: _____ MEDIUM: _____ LARGE: _____ XL: _____ 2XL: _____ 3XL: _____ 4XL: _____

LADIES TOTAL COUNT: SM - XL _____ @ \$30.00 EACH = \$ _____ 2XL-4XL _____ @ \$35.00 EACH = \$ _____

MEN'S SIZES: ENTER 'HOW MANY' SHIRTS FOR EACH SIZE

SMALL: _____ MEDIUM: _____ LARGE: _____ XL: _____ 2XL: _____ 3XL: _____ 4XL: _____

MEN'S TOTAL: SM-XL _____ @ \$30.00 EACH = \$ _____ 2XL-4XL _____ @ \$35.00 EACH = \$ _____

PINS: TOTAL PINS- _____ @ \$3.00 EACH = \$ _____ HATS: TOTAL HATS - _____ @ \$15.00 EACH = \$ _____

EARRINGS: TOTAL: _____ @ \$4.00 EACH = \$ _____ NECKLACE: TOTAL: _____ @ \$4.00 EACH = \$ _____

KEY CHAINS: TOTAL- _____ @ \$4.00

CHECKS ARE TO BE PAYABLE TO: PEGGY HAAKE

PRE-ORDER ITEMS WILL BE PICKED UP AT: (CHECK ONE BELOW)

SR VICE CONFERENCE: _____ NATIONAL CONVENTION: _____ MIDYEAR: _____

IF YOU REQUEST MAILING COST WILL BE \$14.00 CHECK HERE IF REQUESTED: YES: _____

SHIRTS MAY NOT BE WORN UNTIL DATE OF INSTALLATION AT NATIONAL CONVENTION JULY 2019 IN ORLANDO, FLORIDA.
SHIRTS MAY BE WORN ANYTIME DURING THE INSTALLATION OR THERE AFTER.

DATE PAYMENT RECEIVED: _____ PAID: CASH: _____ CHECK: _____ CHARGE CARD: _____

FOLLOW-UP: _____

REMARKS: _____



LET'S CELEBRATE!



VFW AUXILIARY
INCOMING NATIONAL PRESIDENT

PEGGY HAAKE



THURSDAY, JULY 25, 2019
6:00 - 10:00 PM
ROSEN PLAZA HOTEL
9700 INTERNATIONAL DRIVE
ORLANDO, FL 32819



Attire: Aloha Wear
Registration fee: \$55.00 per person (cash bar)
Registration Deadline: May 31, 2019

FIRST AND LAST NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

EMAIL ADDRESS: _____

AMOUNT DUE: \$55.00 X _____ (# of persons) = \$ _____

_____ CHECK ENCLOSED MADE PAYABLE TO PEGGY HAAKE

_____ CREDIT CARD PAYMENT

TYPE OF CARD: _____

CREDIT CARD NUMBER: _____

CW: _____ EXPIRATION DATE: _____



MAIL FORM AND PAYMENT TO:

PEGGY HAAKE
69 LEIPAPA PLACE
KAHULUI, HI 96732



EMAIL FORM and CREDIT CARD PAYMENT TO:

rphaake@gmail.com

Office Use Only: Date Received: _____ Check #: _____ CC: _____ Amount: \$ _____