



FLAGS FOR OLD BETSY

Donor Name(s): _____
(Business or Individual)

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

In Memory of: _____ In Honor of: _____

Signed: _____ Date _____

Keene is our Business

Cost per flag \$ **75** Number of flags _____ Total of Check \$ _____
Check # _____

Please return completed application along with a check for the number of flags being purchased to:

P.O. Box 817 Keene, Texas 76059 817-556-2995
Website: www.keenechamber.org & follow us on Facebook!

Internal Use Only Below

Added to plaque Info sent to the Star Added to Constant Contact List