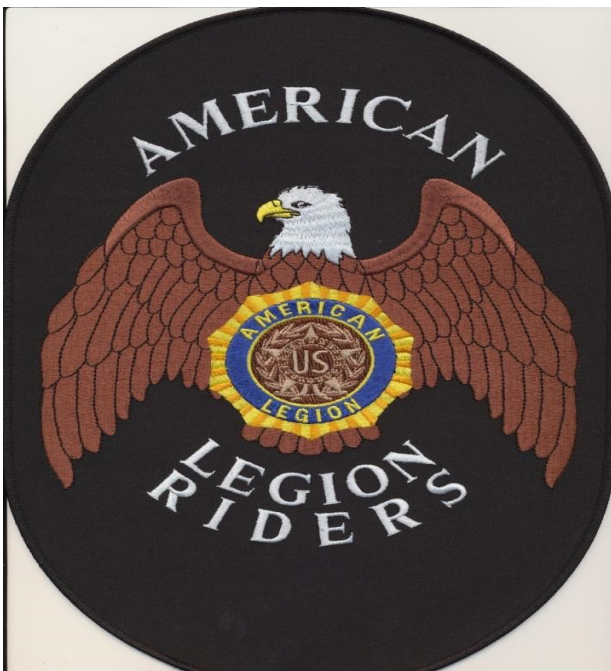


OFFICIAL KANSAS AMERICAN LEGION RIDERS BACK PATCH:

The “Official Kansas American Legion Rider Back Patch” is to be a single three-line patch containing the National American Legion Rider emblem ordered through Department Headquarters and purchased from American Legion Emblem Sales. Department Headquarters will provide Posts a form which must be completed and returned for the Department Adjutant’s signature and forwarding to American Legion Emblem Sales. The 8.5 by 12-inch three-line oval back patch may have a black or gold border as provided by American Legion Emblem Sales; add-on borders or other alterations to back patches is prohibited. Line 1 shall display the city/town of the sponsoring Post; Line two shall include the word Post followed by the sponsoring Post’s number; Line three shall be Kansas Chapter.



Line 1-City: _____
Line 2-Post #: _____
Line 3: Kansas Chapter
 For Department Use Only:
Approval: _____
Date: _____

Department Headquarters

Phone: 785-232-9315

Fax: 785-232-1399

Mail To: A.L. Department of Kansas

Attn: Adjutant

1314 SW Topeka Blvd.

Topeka, KS 66612-1886

(Prices Effective Through 11/15/2020)

Product #	Description	Unit Price	Quantity	Subtotal
920.407X	3-line back patch	\$39.95/ea		
Spec Order	3-line back patch w/gold border	\$39.95/ea		
				Shipping & Handling (Refer to box below)
				Total

****NOTE** Patches will have black border unless special ordered with gold border.**

PACKAGING AND SHIPPING (Rates expire 11/15/2022)

Up to \$5.00 \$ 3.95	\$100.01 to \$200.00 \$15.95
\$5.01 to \$10.00 \$ 4.95	\$200.01 to \$300.00 \$29.95
\$10.01 to \$20.00 \$ 6.95	\$300.01 to \$400.00 \$34.95
\$20.01 to \$30.00 \$ 7.95	\$400.01 to \$500.00 \$39.95
\$30.01 to \$50.00 \$ 8.95	\$500.01 & Over \$59.95
\$50.01 to \$100.00 \$10.95	

Payment:

Visa MasterCard Discover Amex Check/Money Order

Account #

CVV: _____ Expiration: ____/____

Signature: _____

Enclose Payment with Order.
No C.O.D.'s or Open Accounts.
Make Checks Payable To:
American Legion Emblem Sales

Sold To:

Name:
Address:
City:
State: Zip:
Daytime phone:

Ship To:

Name:
Address:
City:
State: Zip:
Daytime phone:

Mail both pages to Department Headquarters