# Marine Corps League

Name Tag Order Form

Detachment: _____ Tax ID: _____

Contact Person: _____ Phone: _____

Email: _____

Address: _____

_____ AMOUNT ENCLOSED: _____

Complete and mail to: League Press 1110 Grecade Street, Greensboro, NC 27408 (*Shipping Charges will be added to the order and billed separately)*

Detachment Name: _____
(As engraved on name tag)

*Feel free to make copies of this form for additional names*

| Member Name | Other Tag Text (Optional) | Type | Cost |
|---|---|---|---|
| _____ | _____ | ❒ Magnet ❒ Post | $8 |
| _____ | _____ | ❒ Magnet ❒ Post | $8 |
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