



**MARINE CORPS LEAGUE**  
**PO BOX 3070**  
**MERRIFIELD, VA 22116**

## Cover Order Form

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Instructions:** Complete the information below. Ensure to specify your cover size, detachment or department name.

**Make Checks or Money Orders payable to "Marine Corps League".**

**Return this completed form along with your payment to the address above.**

CODE #	QUANTITY	DESCRIPTION	SIZE	UNIT PRICE	TOTAL COST
					\$
		Department or Detachment Name:		SUB	\$
		Postage & Handling			
				TOTAL	\$