

VETERANS FORM

Your Name: _____

Address: _____

Phone: () _____

City: _____

State: _____

Zip: _____

Method of Payment: _____

Cash ()

or

Check No. _____

(Make checks payable to Memorial Donation)

Name of Honorably Discharged Veteran: _____

Rank: _____

Branch of Military: _____

War/Conflict: _____

Dates of Active Duty _____

Check if applicable

Killed in Action ()

Missing in Action ()

Prisoner of War ()

Wounded in Action ()

4 1/2"x 9" PAVER \$100

20 spaces of text maximum per line.

Line 1 _____

Line 2 _____

Line 3 _____

9"x 9" PAVER \$200

20 spaces of text maximum per line.

Choose One Option.

Option 1 - Maximum of six lines of text.

Option 2 – Maximum of three lines of text with branch of service logo:

Circle branch for Option 2: Army--Air Force--Coast Guard--Marines--Mer. Marines--Navy

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Line 6 _____

18"x 18" PAVER – \$500 Call (509) 884-3617 for details and options.

Signed: _____

Date: _____

Submit this form and Memorial Donation to:

VFW Post #3617, 211 11th Street N.E., East Wenatchee, WA 98802

WE RESERVE THE RIGHT TO REFUSE ANY INAPPROPRIATE WORDING AND TO REFUND DONATION.

CALL 509 884 3617 WITH ANY QUESTIONS