

Your Name: _____

Address: _____

Phone: () _____

City: _____

State: _____

Zip: _____

Method of Payment:

Cash () or Check No. _____

(Make checks payable to Memorial Donation)

Name of Veteran: _____

Dates of Active Duty: _____

Rank: _____

Branch of Military: _____

War/Conflict: _____

Check if applicable

Killed in Action () Missing in Action () Prisoner of War () Wounded in Action ()

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

20 spaces maximum per line.

Line 1 _____

Line 2 _____

Line 3 _____

9"x 9" PAVER \$200

20 spaces maximum per line.

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Line 6 _____

LOGO (Optional) Logos will only fit on 9" x 9" pavers.

Logos must fit space available. All 6 lines will not be available with Logo.

Circle desired Logo:

Army

Air Force

Coast Guard

Marines

Merchant Marines

Navy

I certify the Veteran named above was honorably discharged. The Veteran was a resident of Douglas County while serving or is a resident of Douglas County now. The information provided is true and correct.

I acknowledge that changes may be made in the way the information will be shown to maintain uniformity.

Signed: _____

Date: _____

**Submit this form and Memorial Donation to:
VFW Post #3617, PO Box 7115, East Wenatchee, WA 98802**

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

