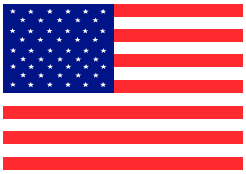

Application Form

Name: _____ _____
First Last

Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____ _____
Primary Secondary (Optional)

Email: _____

Memorial Information:
(Please choose one box) In Memory Of In Honor Of Donated By

- Name of person or organization: _____

Please return this application along with an enclosed <u>Check or Money Order</u> donation of $35.00 to:

Veterans of Foreign Wars of the U.S.
Lovewell-Hill post No. 2502
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Please email any questions to: **vfw2502@yahoo.com**