

MENDON VETERAN MEMORIAL NAME SUBMISSION FORM

Veteran's name:					
	(Last)	(First)	(Mide	(Middle Initial)	
Branch of Service: USA (circle one)	USN USMC USAF	USAAF ARNG	USCG USMM	USAR ANG	
War Served: (circle one)	CIVIL WWI	WW2	KOREA VII	ETNAM	
IRAQ AFG Afghanistan O		EF OIF Enduring Operation Ir dom Freedom		NONE	
	OTHER				
Make check payable to: Mendon Veteran Memorial c/o Mendon Village PO Box 25 Mendon, IL 62351		Pick up forms at: First Bankers Trust of Mendon Mendon Village Office			
Name:		Phone:			
Address:					
For questions call	Daron Cannell Dean Woodruff Harrison Monun		H	al Designed by: ARRISON ONUMENTS	