

WESLEYVILLE VETERANS MEMORIAL APPLICATION

Name of Veteran: _____
Date of Birth: _____
Name of Applicant: _____
Phone number of Applicant: _____
Address of Applicant: _____
E-mail address of Applicant: _____
Relationship to Veteran: _____
Branch of Service: _____ Rank: _____ Unit: _____
Date of Service: _____
Service number: _____
Service medals/awards: _____
Veteran's Wesleyville address: _____
Resided in Wesleyville from (years): _____ to _____
Proof of Service attached (Form DD-214 or equivalent): _____
Obituary attached: Yes _____ No- still living _____
If deceased, where is Veteran buried? _____
City/State of Cemetery: _____
Comments: _____

We will include the name of any veteran who lived in Wesleyville before, during or after their Military service. They must have been honorably discharged. There is no charge to add a veteran's name to the monument.

**Please return to: Wesleyville Veterans Memorial Committee,
3421 Buffalo Road, Wesleyville, PA 16510 or American Legion Post 571,
1917 Eastern Avenue, Wesleyville, PA 16510.**

**WESLEYVILLE VETERANS MEMORIAL ~ Dedicated May 24, 2009
Honoring all "Past, Present and Future Veterans of Wesleyville"
Located at the corner of Eastern Avenue and North Street**

YOUR DONATION WILL HELP MAINTAIN THIS BEAUTIFUL MEMORIAL

**Enclosed is my donation of: \$500 or more- \$250 - \$100 - \$50 - \$25 - OTHER
MAKE CHECKS PAYABLE TO: WESLEYVILLE VETERAN'S MEMORIAL FUND
11917 Eastern Ave, Wesleyville, Pa. 16510**

CONTACT CHAIRMAN RON PALMER AT (814) 897-0811 FOR QUESTIONS OR COMMENTS