

ADD YOUR VETERAN TO THE TOWN OF MAMAKATING, VILLAGE OF WURTSBORO, AND VILLAGE OF BLOOMINGBURG VETERANS TRIBUTE

4947VFW@gmail.com * 845-644-4137

Mail checks to:

PO Box 410, Wurtsboro, NY 12790

Make \$82 Checks Payable to:

"Veteran's Banner"

Hometown Heroes



James Johnson
Army

SPONSORING THE BANNER PROGRAM IS:

EDWARD M. MAIER MEMORIAL VFW POST 4947

OUR DUTIES INCLUDE :

- ADVERTISING CAMPAIGNS
- COORDINATE YOUR VETERAN'S PHOTO AND HIS/HER INFORMATION,
- PROVIDE ACCESS TO US FOR YOU TO BRING YOUR PHOTO, INFORMATION, AND CHECK
- WE CURRENTLY HAVE GMART, WURTSBORO DOLLAR GENERAL, AND POSSIBLY STEWARTS
- AND ONCE A WEEK AT OUR POST

THE COST TO EACH VETERAN FAMILY IS:

- **\$82.00**

THE TOWN OF MAMAKATING, VILLAGE OF WURTSBOR, AND VILLAGE OF BLOOMINGBURG HAVE AGREED TO PURCHASE THE MOUNTS

- **COSTS SAVING TO YOU:**
- **\$80.00**

The Town and villages will Present your Veteran from May to Nov

They will secure your banner from Dec to Apr This will preserve your banner for years to come

THE TOWN OF MAMAKATING
has had very active contri-
butions toward the defense
of our Nation with our an-
cestors of this Township,
dating back to the French
and Indian War, Revolu-
tionary War, and the War
of 1812. Throughout our
history, The Town of
Mamakating sent our fore-
fathers in harms way to de-
fend our Constitution and
America's freedom. Not all
of our proud Service Mem-
bers stand out nor want to
be noticed in our Commu-
nity, but they certainly de-
serve this recognition from
the community in which
they served. Help us give
back a small token of our
respect for those that have
taken up arms in our de-
fense

Veteran Information:

Full name of the person in the photo: _____

Military Rank Abbreviation (see attached sheet for standard abbreviations): _____

Branch of Military: _____

Military Status (SELECT ONE): _____ Active Duty _____ Veteran _____ Memorial

Where do you want your Banner mounted?

Town of Mamakating _____ Wurtsboro _____ Bloomingburg _____ Phillipsport _____ Summitville _____

Westbrookville _____ Burlingham _____

****Please double check that all information is printed clearly and spelled correctly**** Applicants are responsible for submitting accurate information as the banner will read as noted above. Once banners are printed, no changes can be made.

Applicant Information: Please use the best contact numbers for you.

Name of person submitting photo: _____

Relationship to Hometown Hero: _____

Phone Number: _____

Address: _____

Email: _____

Signature

Date

Printed Name