

DATE: _____

BANNER APPLICATION FORM

Point of contact name: _____

Point of contact address: _____

Point of contact email: _____

Point of contact phone: _____

❖ I hereby grant permission to the Fay-West Veterans Banner Program to use the name of this veteran and picture provided. If signed by someone other than the honoree, that person signing represents that they have authority to sign on the behalf of the honoree and agrees to defend and indemnify the Fay-West Veterans Banner Program from all claims and liability for its reliance on the signer's authority.

Honoree/Agent signature: _____ Date: _____

Name of veteran to be considered: _____

Hometown: _____

Branch of service: _____

Rank: _____

Years of service (from-to): _____

Deployed? (circle one) YES NO

If YES, where and when: _____

Type of discharge (circle one) Honorable General Medical

OTH (Other Than Honorable)

- Any awards or special stories regarding the veteran's service you would like to share?
(Feel free to attach additional pages)
- Please include a COPY of the veterans separation papers (DD214) and a high-resolution photograph (COPY OF ORIGINAL PLEASE) of the veteran in uniform (suitable for scanning, preferably 8.5"x 11" and in color, if possible.)
- Questions? Email: vetbanprog1@outlook.com or call 724 433 9024