

VETERANS TRIBUTE PLAZA

"HONORING SERVICE... CELEBRATING FREEDOM"



Thank You!

SHOW YOUR SUPPORT!

There are several ways that you can show your support for our veterans and become a vital part of this historic Washington County memorial.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please return form & payment to:
 Veterans Tribute Plaza
 PO Box 646
 Blair NE 68008

Questions:
 Call 402-505-1530

Yes, I would like to order the following:

Number of Authentic Street Paver Bricks: _____ x \$150 ea. = \$ _____

TOTAL AMOUNT DUE: -----▶ \$ _____

WE ACCEPT PERSONAL CHECKS OR MONEY ORDER.

BUY A BRICK — \$150

These are 100 year-old street pavers, engraved with your name or the names of loved ones, and laid at the main entrance to the memorial. The supply is limited.

ENGRAVING INFORMATION: Print inscription as you want it to appear. (Three lines, 13 characters each line. Space count. No Punctuation.)



BRICK #1

Line 1														
Line 2														
Line 3														

BRICK #2

Line 1														
Line 2														
Line 3														

PLAZA SPONSOR — DONOR WALL

Plaza Sponsors of \$1,000 or more are still available. Donors are prominently positioned on the polished black granite of the East Wall.

ENGRAVING INFORMATION: Print inscription as you want it to appear. (Three lines, 13 characters each line. Space count. No Punctuation.)

ON THE WALL

Line 1														
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PLAZA SPONSOR

WALL OF HONOR HONOREE FORM FOR VETERANS ON REVERSE SIDE.

WALL OF HONOR HONOREE FORM — NO CHARGE — DONATIONS WELCOME

Please provide as much information as you can about the honoree.

Date: _____

Legal name of honoree:

First: _____ Middle: _____ Last: _____

Name of honoree as it should appear on the Wall of Honor (One line, 21 characters, Space count, No Punctuation.)

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When did honoree live in Washington County? _____

Did honoree die during time in the service? No Yes If yes, when? _____

Honoree's military service number: _____

Branch of military service?

Army Navy Air Force Marines Coast Guard Merchant Marines

Enlistment date: _____ Discharge date: _____

Name of person submitting form if other than honoree: _____

Telephone number: (_____) _____

Home street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Commitment to Protecting Your Privacy

We appreciate your assistance with this important project. Protecting your privacy and the privacy of all honorees is very important to us. We do not sell or exchange names or any other personally identifying information.

The Veterans Tribute Plaza associates will only contact you if needed in the normal course of verifying information for accuracy.

If you have questions or concerns regarding this statement, please feel free to contact the Veterans Tribute Plaza, PO Box 646, Blair, NE 68008.

Please return form & payment to:

Veterans Tribute Plaza
PO Box 646
Blair NE 68008

Questions: Call 402-505-1530

Make checks payable to: Washington County Community Foundation. Write Veterans Tribute Plaza on the memo line.