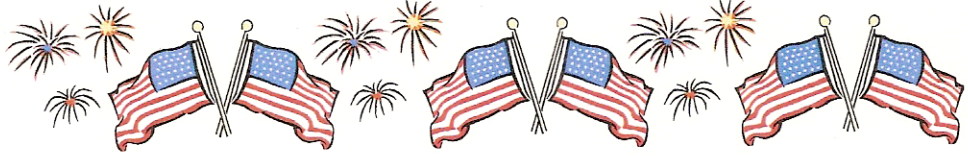

NAME:_____ **PHONE**_____

ADDRESS:_____
Street **City**

_____
State **Zip**

BRANCH OF SERVICE:_____

RANK:_____

YEARS OF SERVICE: (FROM-TO):_____

MEDALS, HONORS, AWARDS,ETC.:_____

_____

_____

If you are interested in purchasing a granite paver which will be placed at the foot of the Veteran Monument, at cost of $100.00, in honor or memory of a Veteran, please fill out the bottom portion of this form and return to City of Sumiton, P. O. Box 10 Sumiton, Alabama 35148, attention Judy Glover. The pavers will accommodate 3 lines with 20 characters each.

Please print information to be used on pavers

_____
Name to be placed on paver

_____
Branch of Service.

_____
Years Served (From – To)