

Sheffield American Legion
H.F. Hertz Post 415
Box 101, 121 S. Church Street
Sheffield, IL 61361

VETERANS PARK FLAG MEMORIAL TRIBUTE

Print Veterans Name: _____
(First, Middle Initial, Last Name)

Name and Rank (optional): _____
As you wish displayed on the Plaque

Branch of Service: _____

Campaign Served In: _____
I.E. WWI, WWII, Vietnam, Iraq, Korea, Desert Storm, Operation Freedom, etc.

Date Entered Service: _____

Date Discharged: _____

Person or Persons Donating Flag:

Please make out a \$50.00 Dollar check Payable to the Sheffield American Legion
Post # 415

Return this form to the person who provided it to you.

Please include a Phone Number where you may be contacted to clarify the
information provided on this form.
