

Keokuk Veterans Memorial Application

Veterans Memorial Commission
P.O. Box 361
Keokuk, Iowa 52632
Contact Bill Smith 391-371-8360

Date _____ Phone _____

Name of Contributor _____

Address _____

VETERAN'S INFORMATION TO BE PLACED ON THE MEMORIAL – Please PRINT

Maximum of 25 characters

The memorial will be engraved as printed. Please print clearly

All orders must be paid in advance. Inscriptions are periodically completed based on the volume of applicants.

Inscription Information

Army: USA Marines: USMC Navy: USN Air Force: USAF Coast Guard: USCG Space Force: USSF

PRINT

Last Name: _____ First Name _____ Initial: _____

Branch of Service: _____ Killed in Action: Yes _____ No _____

Please include a minimum contribution of \$160.00 for each honorable discharged Veteran to be inscribed.

In the future, the memorial's website will be able to include a brief biography on the Veteran. Do you give your permission to include this on the website? YES ___ NO ___

Make checks payable to: Keokuk Veterans Memorial Fund

Mail to: Veteran's Memorial Trust Fund, PO Box 361, Keokuk, IA 52632

Signature of Purchaser _____

Contribution Amount _____

Contribution Collected by: _____