Wall of Honor Plaque Form

Name ________________________________
Address ________________________________
City ________ State ________ Zip ________
E-Mail ________________________
Home Phone ________________ Cel Phone ________________

WALL OF HONOR:

I /We want to be included on the Wall of Honor. You can buy a plaque on the Wall of Honor for anyone and as many as you would like.
Cost is $100 per plaque for up to three lines. (27 spaces per line)

BRANCH OF SERVICE:

☐ Army ☐ Navy ☐ Air Force ☐ Marine ☐ Coast Guard

CHECK IF VETERAN SERVED IN:

☐ WWI ☐ WWII ☐ Korean ☐ Viet Nam ☐ Gulf War ☐ Other

PLEASE COMPLETE THE FOLLOWING:

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Service Dates: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Unit: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

You can mail this form with donation to:
Beatrice Rotary Foundation P.O. Box 162 Beatrice, NE 68310

You can fax this form to (402) 223-4379

If using: ☐ Visa ☐ Mastercard

Number ____________________________________ Expiration Date _____/_______

Signature: ____

Checks should be payable to: Beatrice Rotary Foundation