MATSU VETERANS WALL OF HONOR FOUNDATION

OFFICIAL APPLICATION FOR NOMINATION TO BE ENSHRINED
IN STONE ON THE
MATSU VETERANS WALL OF HONOR SITE
801 N. Wasilla-Fishook Road, Wasilla, Alaska

Print Name Last First Initial

Branch Rank Years of Service (ex: 1995-05)

City State

Type of Discharge: ☐ Honorable ☐ Active Duty ☐ Medical ☐ Retired ☐ Deceased

If mailed add copy of document for verification. Approved By: _____ Date: _____

I understand that if I willfully misrepresent or recklessly disregard any fact on this application, the above name will not be placed on the MATSU Veterans Wall of Honor or may be removed if at a later date the information proves to be false. All money will be forfeited.

I _____ hereby authorize the MATSU Veterans Wall of Honor Foundation to verify the above information if so needed. Date: _____

Name: _____ PHONE: _____

Address: _____

Email: _____

Please complete this form and return with remittance. All the above information is considered final. Any questions can be directed to Jody Finley @ 907-232-0667 or Kat Linsacum @ 907-232-9653

Nomination Fee $75.00
Check or Money Order Payable to
MATSU Veterans Wall of Honor Foundation or MSVWHF
Mail to: PO Box 870687, Wasilla, AK 99687-0687

Date Approved: _____

Comments: _____