

Veterans Monument Brick Application

Veterans Stadium Lackawanna, New York

Date: _____

Name of Requestor: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Cost per name: \$150 – Additional Contribution: _____

Please accept my donation to Veterans' Stadium in the amount of \$_____

Checks should be made payable to: **Veterans' Monument Committee**

Name as you would like it to appear on the monument ** (Please print clearly)

Name: _____

Branch of Service: _____

Name: _____

Branch of Service: _____

***A copy of an honorable discharge and/or DD214 of the veteran whose name is to be inscribed must be submitted with this form. If you are unable to locate this information, the Veterans Administration may be able to assist you.**

Return this form to :

Southtowns Regional Chamber of Commerce

6122 South Park Avenue

P.O. Box 848

Hamburg, NY 14075

For questions or additional information call: (716) 649-7917

*Veterans do not have to be originally from or live in Lackawanna to be inscribed on monument.

*Applications accepted year round. Installation of bricks occurs on Memorial Day and Veterans Day ONLY.

*Please submit Applications for inscription and installation at least 1 month in advance. NO EXCEPTIONS.