



MEMORIAL MILE MONUMENT

Release for use of name on Memorial Mile Monument(s)

By signing this form, you are authorizing VALOR Clinic Foundation to use any or all the information provided below for engraving on the monument and you have acknowledged you read, fully understand, and agree.

Name of hero to be honored:

Last Name _____ First Name _____

Rank _____ Branch of service _____

City or Town _____ State _____

Your last name (print) _____ First Name _____

Relationship to Hero _____

Email: _____ Phone # _____

Signature _____ Date _____

To learn more about the Memorial Mile Monument, VALOR Clinic Foundation, to make a contribution, or if you have questions, you can visit our website @ www.valorclinic.org

Contact Sarah or Mike Wargo at 570-778-9657 or 570-778-5660

Email us at salgal@ptd.net or mike13@ptd.net