

Cover Sheet

FOR OFFICIAL USE ONLY
NOMINEE # _____

Milwaukee County Veterans Association Inc Nomination For Veteran Of The Year



ORGANIZATION OR INDIVIDUAL MAKING THE NOMINATION

NAME: _____
ADDRESS: _____
CITY STATE ZIP _____
PHONE: _____

VETERAN BEING NOMINATED

NAME: _____
ADDRESS: _____
CITY STATE ZIP _____
PHONE: _____

**NOMINATIONS
MUST BE RECEIVED BY SEPTEMBER 15TH**

MAIL TO:

**MCVA
PO Box 341622
West Milwaukee, WI 53234**

Or Email To:

**Marcia Cunningham
marcia853@hotmail.com**