

COVER SHEET

FOR OFFICIAL USE ONLY

NOMINEE NO. _____



Milwaukee County Veterans Association Nomination For Veteran Of The Year

ORGANIZATION OR INDIVIDUAL MAKING THE NOMINATION

Name:
Address:
City, State, Zip:
Phone Number:

VETERAN BEING NOMINATED

Name:
Address:
City, State, Zip:
Phone Number:

NOMINATIONS MUST BE IN THE WAR MEMORIAL CENTER OFFICE BY SEPTEMBER 15TH

Deliver this form with the completed nomination/resume to the War Memorial Center Office

or

Mail this form with the completed nomination/resume to

Milwaukee War Memorial Center

Milwaukee County Veterans Association

750 N Lincoln Memorial Dr.

Milwaukee, WI 53202