ALPINE VETERANS WALL OF HONOR
TILE PURCHASE APPLICATION

1830 Alpine Boulevard, Alpine, CA 91901 **Wall of Honor Website: www.alpinewallofhonor.org**

The Alpine Veterans Wall of Honor is located on the grounds of the Alpine Community Center at 1830 Alpine Blvd. in Alpine, California.

The Alpine Veterans Wall of Honor pays tribute to men and women who served in the Armed Forces of the United States of America. To be eligible for a tile on the Veterans Wall of Honor, veterans must have served honorably or be currently serving. A veteran is someone who, at one point in their life, wrote a blank check made payable to The United States of America, for an amount up to and including their life.

The submitting applicant for the purchase of a tile declares that the veteran for whom the tile is being purchased meets the criteria listed above. Applicant also declares that he/she has read what veteran data is allowed on the tile (listed below). All information submitted is subject to verification.

The cost of a tile is $125.00 each, which includes engraving. Tiles are approximately 4 inches by 12 inches. Engraving is limited to three lines of 22 characters. A space counts as a character.

Mail the application below with payment to: Alpine Kiwanis Foundation, Attn: Veterans Wall, P.O. Box 704, Alpine, CA 91903. If you have questions, please call Dan Foster at (619) 719-3905 or e-mail wallofhonor@alpinekiwanis.org. Please make checks payable to Alpine Veterans Wall of Honor.

Purchaser Information and Application

Name (Print)_____ Phone_____ Email_____

Address_____ City_____ State_____ Zip_____

Purchase of a Tile @ $125_____

Each tile requires a separate application.

COMPLETE VETERAN'S INFORMATION IN SPACES BELOW. We will do our best to accommodate lengthy names.

FIRST LINE: Veteran's name. We suggest an abbreviated rank in front of the name if it will fit.

SECOND and THIRD LINE - Any combination of Branch of Service, Era served (WWII, Korea, Vietnam, etc.), Dates of Service, Rank, POW, KIA.

PLEASE INCLUDE COPY OF DD214 OR EQUIVALENT PROOF OF SERVICE AND YOUR PAYMENT.

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Signature of Purchaser **Date**