PLEASE CREATE A MEMORIAL "STAR" FOR THE FOLLOWING ROTTERDAM VETERAN TO BE PLACED IN MONUMENT PARK AT ROTTERDAM TOWN HALL

CONTACT NAME:		
ADDRESS:		
•	EMAIL: (Required for engraving proof file purposes)	
FAX (If Available):	(Required for engraving proof file purposes)	
•	MORIAL STAR ENGRAVING INFORMATION	
F	Please PRINT Memorial Star information neatly	
VETERANS NAME		-
DATES OF SERVICE OR TOUR	R OF DUTY	-
BRANCH OF SERVICE	RANK	-
Copy of DD214 or In	ABLE SERVICE IS REQUESTED – Individual Discharge Form (front & back)	
I understand that names will be pl branch of service.	laced in a first come first serve basis. This will be done so there will be no partia	ility shown to any
The monument is for Rotterdam R	Resident Veterans ONLY.	
	name will be \$270.00 (\$250.00 for Memorial Star plus \$20.00 tax) and limited bly in war or peace. Inscription is limited to the information described above. The	
	t card information must accompany each order and your cancelled check or more by credit card, please contact Proforma Lee's Trophies directly.	ney order receipt will
Please make checks payable to:	Proforma Lee's Trophies 1650 Crane Street Schenectady, New York 12303 Phone: (518) 355-1098 Fax:(518) 355-1141	
After payment is received, an artw before production begins.	work proof will be provided so that the name and information can be reviewed by	y the purchaser
·	I attest that all the information is true to the best of	f my knowledge;