



Quilt of Valor & She'roes Wall of Honor Nomination Form



Veterans Name: _____

Address: _____

City: _____ State _____ Zip Code _____

County: _____

Email: _____

Branch(s) of Military: USA USAF USCG USN USMC ARNG _____

Dates of Service: _____

Final Rank _____

Where did the Veteran Serve? Vietnam (1961-1975)
 Persian Gulf War (1990-1991)
 Cold War (1947-1991)
 State side deployments _____

Overseas:

- France
- Vietnam
- Granada
- Afghanistan
- the Middle East
- anti-terrorism operations
- terrorism attacks against Armed Forces Personnel
- Germany
- Panama
- Bosnia
- Africa
- _____
- Korea
- Beirut
- Iraq
- Somalia

Submit a recent or service uniform 5x7 photo by mail or email photo between 625x875 up to 1500x2100 pixels

Additional Comments: _____

Lady Veterans Connect, LLC | 11400 Irvine Rd | Winchester, KY 40391

Email: info@ladyveteransconnect.org Subject: QOV & She'roes



Contact Information of the Requester (required)

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Relationship to Recipient? Self Family Member Friend

Other

Coordinator of Group Award. For Group Award Events: Please provide the required information on separate forms, a chart or spreadsheet for each recipient.

If you have coordinated this nomination with a local QOVF group or individual, please add the name of the group, the group number if known, or the name of the person you contacted:

Group Name _____ Group Number: _____

Member Name _____

How did you hear about the Quilts of Valor Foundation?

Family or friend

From and Veteran or Service Member

Awarded a Quilt of Valor

Attended an Award of a Quilt of Valor

Social Media *Facebook, Twitter, etc.*

News Story *TV, newspaper or magazine*

QOVF Website

QOVF Brochure

QOVF Booth

QOVF Certified Quilt Shop

Quilt Guild

Community Event *fair, festival, workplace*

I am a QOVF Member

I am a QOVF Volunteer

Another Veteran organization (e.g.: *American Legion, VFW, VVA, IAVA, MOPH, DAV*)

I certify that I have read the QOVF Mission Statement, all of the information on the first page and affirm the information I provided is accurate.

Signature: _____

Printed Name: _____

Date: _____

Email, mail or hand deliver to your Local QOVF Group Leader or Member that gave you this form.

Name:	<u>Enter group or member name here</u>
Group Address:	<u>Enter group or member mailing address here</u>
Phone Number:	<u>Enter group or member phone (not required)</u>
Email:	<u>Enter group or member email (not required)</u>

QOVF Member: If a specific group or individual will handle this nomination, or is making the quilt, please ensure to add this in the Additional Information section when you enter the request through the online submission.

