

Brazos Valley Veterans Memorial Contribution Form

The Memorial for All Veterans of the Brazos Valley, Inc. is 501(c)(3) nonprofit organization. All contributions are tax deductible.
The application deadline for Wall of Honor names to be engraved before Veterans Day (Nov. 11) each year is Aug. 15.

DONOR INFORMATION

YOUR NAME _____

DONOR NAME(S) _____ *This will appear on the printed receipt/certificate.*

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____ *with area code*

EMAIL _____

DATE _____

CONTRIBUTION

I would like to make a contribution to the Brazos Valley Veterans Memorial.

☐

Individual

☐

Corporate

Amount \$ _____

I would like to honor a military veteran(s) by adding his/her name to the Wall of Honor*

_____ at \$250 per name = \$ _____
of names

***Please follow additional instructions below**

>> TOTAL CONTRIBUTION \$ _____

METHOD OF PAYMENT

☐

Check payable to Brazos Valley Veterans Memorial *(enclosed)*

Credit Card # _____

☐

Visa

☐

American Express

Expiration Date _____ Card Code _____

☐

MasterCard

☐

Discover

☐

Paid online through eGive

Signature _____

WALL OF HONOR (if applicable)

IMPORTANT INSTRUCTIONS: Write only ONE veteran name below. If necessary, please submit additional names on the next page. Be sure all of your information is accurate and spelled correctly. **We cannot be responsible for errors in submission.**

VETERAN NAME *One letter or punctuation mark per box. Please leave a box blank to indicate a space between words.*

U.S. VETERAN SERVICE BRANCH (✓ one)

☐

ARMY

☐

AIR FORCE

☐

COAST GUARD

☐

CONFEDERATE STATES OF AMERICA

☐

MARINE CORPS

☐

MERCHANT MARINE (WWII)

☐

NATL. OCEANIC & ATMOSPHERIC ADMIN.
(COMMISSIONED OFFICER)

☐

NAVY

☐

PUBLIC HEALTH SERVICE
(COMMISSIONED OFFICER)

☐

SPACE FORCE

MAIL COMPLETED FORM TO:

B.V. Veterans Memorial
P.O. Box 11055
College Station, TX 77842

MORE INFORMATION:

BVVM.ORG
[Facebook.com/bvvets](https://www.facebook.com/bvvets)
info@bvvm.org

This section for BVVM use only



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WALL OF HONOR - ADDITIONAL NAMES

VETERAN NAME One letter or punctuation mark per box. Please leave a box blank to indicate a space between words.

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☐ ARMY

☐ AIR FORCE

☐ COAST GUARD

☐ CONFEDERATE STATES OF AMERICA

☐ MARINE CORPS

☐ MERCHANT MARINE (WWII)

☐ NATL. OCEANIC & ATMOSPHERIC ADMIN.
(COMMISSIONED OFFICER)

☐ NAVY

☐ PUBLIC HEALTH SERVICE
(COMMISSIONED OFFICER)

☐ SPACE FORCE

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