



**APPLICATION: 2019 QUILTS of VALOR
MISSION UNITED/UNITED WAY**

REQUIRED: fill in all questions accurately

VETERAN NAME: _____

BRANCH of SERVICE: _____

JOB TITLE: _____

SERVICE DATE(S): _____

DEPLOYMENT DATES: _____

DEPLOYMENT LOCATIONS: (list all) _____

RANK at DISCHARGE: _____

DISCHARGE TYPE: _____

CONTACT INFORMATION:

ADDRESS: _____

EMAIL: _____

CELL PHONE: _____

REQUIRED: Veteran must be present to receive Quilt of Valor. No alternates.

I understand that the above information is required for eligibility screening by MISSION UNITED to receive a Quilt of Valor at the 2019 community event. I certify that all information provided by me is accurate to the best of my knowledge.

Printed Name: _____

Sign / Date: _____

Please return completed forms to Ryan Bancroft (in person/mail/email) at 1300 South Andrews Avenue, Fort Lauderdale, FL 33316 or rbancroft@unitedwaybroward.org.