**Connecticut Veterans Memorial, West Hartford**

# Memorial Paver Request

Please print clearly and complete all sections:

## Section A: Donor Information

Donor's Name: _____

Address: _____

City: _____ State _____ ZIP _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

## Section B: Veteran Information

Name: _____

Branch of Service: _____ Dates Served (if known): _____

## Section C: Engraving Information

A maximum of 3 lines are permitted; 14 characters per line including letters and spaces.

The fee is $135 for name only. If the veteran's name does not fit on one line, use Line 2 (at no additional cost). An additional fee of $10 is charged for each line of optional information.

**Line 1** – Veteran's Name

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**Line 2** – Continuation of Veteran's Name or Optional Information (see examples below)

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**Line 3** – Optional Information (ex: Branch, Rank, War/Conflict, or Years Served)

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## Section D: Payment (Personal checks and cashier's checks only. No cash or credit cards.)

Veteran's Name ($135): $_____

Optional Line 2 (+ $10): $_____

Optional Line 3 (+ $10): $_____

TOTAL: $_____ Check # _____ Today's Date: _____

Make check payable to "Town of West Hartford - Veterans Memorial Fund" and mail to:
West Hartford Veterans Memorial, Town of West Hartford, 50 South Main Street, West Hartford, CT 06107.

Questions: Call Stephanie Ibitz at (860) 561-7928, email: Steph@WestHartfordCT.gov
Renée McCue at (860) 561-7521, email: Renee@WestHartfordCT.gov