



HONOR • EDUCATE • PRESERVE  
Remembering and Honoring our Veterans

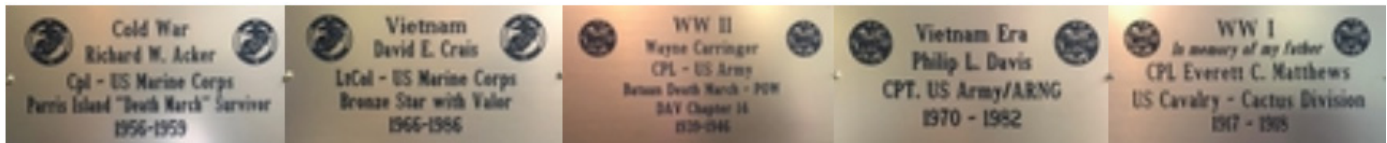
# Honor Wall Plaque Order Form

You may honor a hero in your family or community by purchasing a plaque which will be permanently mounted on the Museum's HONOR WALL to display your feelings. The plaque, as a memorable donation can be for a veteran, living or deceased.

I wish to order an Honor Wall plaque and my payment is enclosed:

3" x 6" for a \$100.00 Contribution    **OR**     4" X 8" for a \$200.00 Contribution

*There is a maximum of 5 lines of text for a 3" X 6" plaque and a maximum of 6 lines of text for a 4" X 8" plaque. Please print clearly and check your spelling. The Branch of Service Logos will be provided by the Museum. Attach a copy of the DD-214 form to insure accuracy. Examples are shown below:*



Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ War: / Era: \_\_\_\_\_

Description of a special event: \_\_\_\_\_

Name of Ship: \_\_\_\_\_ Type of aircraft: \_\_\_\_\_

Years when in the service: \_\_\_\_\_ . Unit: \_\_\_\_\_

You may consider other special events, awards, medals, etc. If you like, please tell us a little about your honoree so that we may help you with the text:

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***If mailing in your Honor Wall plaque order. Please down this completed form to include with your contribution payment.***



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# Honor Wall Plaque Payment Form

*Payment Method (please print)*

*If paying by Check (Make payable to the Veterans History Museum and on the notes line write Honor Wall Plaque)*

*Visa*    *MasterCard*    *American Express*

*Credit Card #:* \_\_\_\_\_

*Exp. Date(Mo/Yr):* \_\_\_\_\_ *CVV:* \_\_\_\_\_

*Purchaser's Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *ZIP:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

***Please mail your form with payment to:***  
Veterans History Museum of the Carolinas  
Honor Wall Plaque  
21 E. Main St. Brevard, NC 28712