TOWN OF CHILHOWIE

VETERANS DAY BANNER PROGRAM ORDER FORM

Thank you for participating in the Town of Chilhowie's Veterans Banner Program. Please complete the information below and submit it along with a high-quality photograph of the Veteran.

SPONSOR INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

VETERAN INFORMATION

Veteran's Full Name: _____

Branch of Service: _____

Years Served: _____

Rank: _____

PHOTO SUBMISSION

Please provide a high-resolution photograph of the veteran.
☐ Printed Photo

BANNER INFORMATION

☐ New Banner – $75.00

☐ Returning Banner (Annual Rehang Fee) – $25.00

PAYMENT INFORMATION

Amount Paid: $_____

Date Received: _____

Payment Method:
☐ Cash
☐ Check
☐ Credit Card
☐ Other: _____

Check Number (if applicable): _____

ACKNOWLEDGMENT

I certify that I have permission to submit this photograph and information for use in the Town of Chilhowie's Veterans Banner Program.

Signature: _____

Date: _____

Date Picture was picked up by Confetti Advertising: _____

Date Picture was picked up by Customer: _____

For questions or submissions, please contact:

Town of Chilhowie
Phone: (276) 646-3232