



## “Wall of Honor” Veterans Day Display Submission Form

NAME OF VETERAN: \_\_\_\_\_

MILITARY BRANCH: \_\_\_\_\_

CONFLICT SERVED: \_\_\_\_\_

WRITTEN STORY (max: 250 words): \_\_\_\_\_

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*Email this form along with a photo of the veteran you wish to be honored to:*

[VeteransDay@sgop.ilga.gov](mailto:VeteransDay@sgop.ilga.gov)

If you are filling out this form, please indicate if you are affiliated with any of the below options:

Veterans Organization

Senior Facility



**THANK YOU FOR PARTICIPATING AS WE HONOR OUR BRAVE SERVICE MEMBERS.**