

# Veteran's Flag Display Cherryville Main Street Program 2025

Full Name of the Veteran:

\_\_\_\_\_

Name as to appear on flag:

\_\_\_\_\_

Branch of Service:

\_\_\_\_\_

Dates Served in Military: (Years)

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Name of Person/Persons making the donations and decisions for this Veteran's Flag:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_ (***please check the correct box***). I give permission to have my name(s) published and acknowledged in local social and printed media for this donation.

***Payment Information:***

***Please make checks payable: The City of Cherryville***

\$130 per flag. (2025 cost - *Nonrefundable after flag is printed*) Please ***note on check: Donation for Veteran's Flag***

**\*\*\*I agree to provide the Main Street Program of Cherryville with a digital photograph of my Veteran to be used on the flag and the above pertinent information needed.** Email digital picture to: [dday@cityofcherryville.com](mailto:dday@cityofcherryville.com) tag: Veteran's Flag.

*I understand the Cherryville Main Street Program will make all decisions on placement and permission of the flag. I understand the flag I am donating will be displayed on the streets of Cherryville on a determined holiday schedule by the Cherryville Main Street Program, possibly on a rotation basis, and become property of the City of Cherryville. I agree that the above information is correct.*

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

Date: \_\_\_\_\_