

Veteran's Flag Display Cherryville Main Street Program 2024

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. (2024 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 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 and become property of the City of Cherryville. I agree that the above information is correct.

Signature: _____

Date: _____