Space #



Veterans Memorial Engraving Order Form

Engraving Information

Contact Name		
Address		
City State 7in Code		
City, State, Zip Code		
Phone		
Email		
LINE ONE OF ENGRAVING:	Veterans Name (First, Midd	le Initial if desired Tast)
LINE ONE OF ENGRAPHING.	veterans wante (i iist, white	te initial il desired, Last,
LINE TWO OF ENGRAVING	Branch of Service	
U.S. Marine Corps	U.S. Army	U.S. Coast Guard
U.S. Navy	U.S. Air Force	
0.3. Navy	0.3. All 101ce	
LINE THREE OF ENGRAVING	Choice of Text	
Daywa and Info and I		
Payment Information		
Total	Cash	Received by:
	Check	

(Payable to the City of El Centro)

For Office Use Only				
Wall Space #]	Date Payment received]	
]	
			_	
	5 (()			
ent		ices and discharge status		
Marine Sal Da	Description:		-	
			-	
veteran's Day				
engraver				
eligiavei			-	
Proof received				
			-	
Proof sent to purchaser			_	
Signed proof received			_	
Signed proof sent to engraver			-	
Notification of engraving sent to purchaser			_	
	Memorial Day Veteran's Day engraver d purchaser received sent to engraver	Wall Space # Proof of Serv Description: Memorial Day Veteran's Day engraver d purchaser received sent to engraver	Wall Space # Date Payment received Proof of Services and discharge status Description: Memorial Day Veteran's Day engraver d purchaser received sent to engraver	