

**Connecticut Veterans Memorial, West Hartford
Memorial Paver Request**

Please print clearly and complete all sections:

Section A: Donor Information

Donor's Name: _____
Address: _____
City: _____ State _____ ZIP _____
Daytime Phone: _____ Evening Phone: _____
Email: _____

Section B: Veteran Information

Name: _____
Branch of Service: _____ Dates Served (if known): _____

Section C: Engraving Information

A maximum of 3 lines are permitted; 14 characters per line including letters, spaces and punctuation.

The fee is \$135 for name only. If the veteran's name does not fit on one line, use Line 2. An additional fee of \$10 is charged for each line of optional information.

Line 1 – Veteran's Name

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Line 2 – Continuation of Veteran's Name or Optional Information (see examples below)

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Line 3 – Optional Information (ex: Branch, Rank, War/Conflict, or Years Served)

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Section D: Payment (Personal checks and cashier's checks only. No cash or credit cards.)

Veteran's Name (\$135): \$ _____
Optional Line 2 (+ \$10): \$ _____
Optional Line 3 (+ \$10): \$ _____
TOTAL: \$ _____ Check # _____ Today's Date: _____

Make check payable to "Town of West Hartford - Veterans Memorial Fund" and mail to:
West Hartford Veterans Memorial, Town of West Hartford, 50 South Main Street,
West Hartford, CT 06107.

Questions: Call Stephanie Ibitz at (860) 561-7520, email: steph@westhartford.org
Renée McCue at (860) 561-7521, email: renee@westhartford.org