Lackawanna Hometown Heroes Banner Form

Lackawannaveterans@gmail.com

The City of Lackawanna are proudly introducing the “Hometown Heroes” Banner Program ~ a tribute to veterans from Lackawanna who have served or are serving our country in a branch of the military. The cost is $200.00 and the display will begin around Memorial Day. These banners will be displayed for the 2020 season.

All submissions to be submitted to the Mayor’s office by September 18, 2020.

Each individual banner will be unique and honor a specific Lackawanna veteran and will include their picture, branch of service and years served or, if wanted, war served. This program is non-political and non-partisan. This effort is to serve as a living memorial to those service men and women from Lackawanna who have honorably served or are currently serving in our military branches.

PLEASE PRINT CLEARLY

Name to Appear on Banner: _______________________________ Rank: _______________________________

Military Branch: __________________________ DD214 or Honorable Discharge Provided: YES / NO

(SOCIAL SECURITY NUMBERS ARE NOT TO BE PROVIDED, PLEASE COVER THAT AREA OF DD214 OR HONORABLE DISCHARGE)

War/Conflict Served: __________________________ or/ Years Served: __________________________

Name of Person Submitting Photo: __________________________

Relationship to Hometown Hero: __________________________

Highest Earned Medal/Award (not mandatory) __________________________

Phone # __________________________ email: __________________________

Address: __________________________

PHOTO RELEASE FORM:

I HEREBY GRANT LACKAWANNA HOMETOWN HEROES BANNER PROGRAM COMMITTEE TO USE THE ATTACHED PHOTO AND INFORMATION WITHOUT PENALTY AND IS AUTHORIZED TO DUPLICATE THE ABOVE PROVIDED MILITARY INFORMATION AND PHOTO FOR BANNER. YES / NO

Cash or Money Order payable to: City of Lackawanna paid: YES / NO

*PHOTO WAS PROVIDED (will be returned) and/or SCANNED to the email above: YES / NO

*DD214 or Honorable Discharge Provided (Please NO Soc. Sec. Numbers): YES / NO

_________________________ (SIGNATURE) __________________________ (DATE)

_________________________ (PRINTED NAME OF PERSON SUBMITTING INFO) __________________________ SIGNED OFF BY AUTHORIZED OFFICIAL: PAID