

Veterans Advisory Committee Flagpole Donation Form

Donor Information

Name: _____ Address _____

Phone Number: _____ E-mail Address: _____

Donation Details

Donation Amount: (Please select one)

\$25.00 for one inch of the flagpole

Other Amount: \$ _____

Dedication:

(Please check one)

In Honor Of

In Memory Of

Name of Honored Veteran: _____

Position Held: _____

Branch of Service: _____

Your Relationship to the Honored Veteran: _____

Acknowledgment

Please select how you would like to be acknowledged:

Publicly (e.g., plaque or display)

Anonymously

Payment Method

Payment Type:

Online (Please visit doylestownpa.org)

Check (Make checks payable to Doylestown Township and mail to 425 Wells Road, Doylestown, PA 18901)

Additional Comments or Questions
