

Eagle Cane Application

Name of Veteran _____
(First) (Middle Initial) (Last)

Veterans Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ *email _____

Rank/Grade _____ Military Branch _____

Unit # _____

Date of Injury _____ Country/Area of Injury _____

Veteran's Home State _____ *Cane Length _____ Inches *information not mandatory

Did the Injured Veteran receive the Purple Heart? YES NO

SPECIAL INFORMATION REGARDING THE VETERAN _____

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INFORMATION OF NOMINATING INDIVIDUAL: MUST BE COMPLETED!

Your Name _____
(First) (Last)

Your Address _____ City _____

State _____ Your Phone # (_____) _____ - _____

None of the above information will be released to anyone other than those who need to know.

Mail this form to:

Grand Valley Woodturners
Eagle Cane Project
152 29 Road
Grand Junction, CO 81503

Questions:

Buck Taylor
(970)245-8817