

# RSVP

MUST BE RECEIVED BY

**20 OCTOBER 2025**

# 2025

OKLAHOMA MILITARY  
HALL OF FAME



**PAYMENT INFORMATION:** *(A portion may be tax deductible)*

*Please make checks payable to OKMHF*

**TOTAL=\$** \_\_\_\_\_

☐ Check    ☐ Visa    ☐ Mastercard

Expiration date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ CVV: \_\_\_\_\_

Name(print) \_\_\_\_\_

Address (print) \_\_\_\_\_

City (print) \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_

For online payment/donation, go to: **WWW.OKMHF.ORG** (Additional charges)

For further information email: **INFO@OKMHF.ORG**

**PLEASE RETURN TO SENDER:**

OKLAHOMA MILITARY HERITAGE FOUNDATION  
P. O. BOX 30658  
EDMOND, OK 73003

## 26TH ANNUAL BANQUET & INDUCTION CEREMONY

**1 NOVEMBER 2025**

EMBASSY SUITES NORMAN  
2501 CONFERENCE DRIVE  
NORMAN, OKLAHOMA

REGISTRATION STARTS 5 PM  
RECEPTION/CASH BAR 5:30 PM  
SEATING BEGINS 6:00 PM  
WELCOME 6:30 PM



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## RESERVED SEATING:

Reserve \_\_\_\_\_ seat(s) at \$95.00 each place setting \$ \_\_\_\_\_

Reserve \_\_\_\_\_ table(s) for 10 at \$950.00 each table \$ \_\_\_\_\_

A livestream of the evening will be available for \$35. See OKMHF.org website for link to sign up and payment. Professionally prepared DVDs with interviews of living inductees will be available approximately four months after the event for \$25 each, plus shipping. We will also have an 86-page hardback Memory Book of photos from the event for \$65, plus shipping.

## PLEASE CHECK YOUR HONOREE:

☐ Col Philip R. Adair, USAF

☐ Pamela K. Kloiber, CIV

☐ SP4 Glen E. Blood, USA

☐ SSG Virgil Malone, USA

☐ LTC Vernon W. Gillespie, Jr., USA

☐ SGT Gary L. Opela, USA

☐ Cpl Byron C. Gordon, USMC

☐ 1LT Michael Waddle, USA

☐ CAPT John P. Keilty, USN

☐ Sgt Harold E. Wadley, USMC

☐ RADM Albert L. Kelln, USN

☐ Pvt Oscar J. Upham, USMC

☐ Kiowa Code Talkers

☐ All Honorees

**DONATION/TRIBUTES:** *(OKMHF is a 501(c)(3) non-profit; donation may be tax deductible)*

☐ In memory of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

☐ In honor of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

☐ I want to be a supporter of the OKMHF in the amount of \$ \_\_\_\_\_

## NAMES OF ATTENDEES (10 SEATS PER TABLE):

*(Please provide full name, title, military rank if applicable, and meal choice.)*

**Meal Choices:** C - Chicken, S - Salmon, V - Vegetarian, SD - Special Diet (specify)

(ALL meals are gluten free)

**Meal Choice:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

*Please list any special accommodations you may need:* \_\_\_\_\_