

**Contact Information of the Requester (required)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Recipient?**      ☐ Self      ☐ Family Member      ☐ Friend

☐ Other  
Coordinator of Group Award. For Group Award Events: Please provide the required information on separate forms, a chart or spreadsheet for each recipient.

If you have coordinated this nomination with a local QOVF group or individual, please add the name of the group, the group number if known, or the name of the person you contacted:

**Group Name** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Member Name** \_\_\_\_\_

**How did you hear about the Quilts of Valor Foundation?**

- |  |   |
|--|---|
| <input type="checkbox"/> Family or friend  | <input type="checkbox"/> From and Veteran or Service Member               |
| <input type="checkbox"/> Awarded a Quilt of Valor  | <input type="checkbox"/> Attended an Award of a Quilt of Valor            |
| <input type="checkbox"/> Social Media <i>Facebook, Twitter, etc.</i>   | <input type="checkbox"/> News Story <i>TV, newspaper or magazine</i>      |
| <input type="checkbox"/> QOVF Website  | <input type="checkbox"/> QOVF Brochure                                    |
| <input type="checkbox"/> QOVF Booth  | <input type="checkbox"/> QOVF Certified Quilt Shop                        |
| <input type="checkbox"/> Quilt Guild   | <input type="checkbox"/> Community Event <i>fair, festival, workplace</i> |
| <input type="checkbox"/> I am a QOVF Member  | <input type="checkbox"/> I am a QOVF Volunteer                            |
| <input type="checkbox"/> Another Veteran organization (e.g.: <i>American Legion, VFW, VVA, IAVA, MOPH, DAV</i> ) |   |

*I certify that I have read the QOVF Mission Statement, all of the information on the first page and affirm the information I provided is accurate.*

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email, mail or hand deliver to your Local QOVF Group Leader or Member that gave you this form.**

**Name:** \_\_\_\_\_

**Group Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**QOVF Member:** *If a specific group or individual will handle this nomination, or is making the quilt, please ensure to add this in the Additional Information section when you enter the request through the online submission.*