

AMVETS Riders Department of Florida



"Walking Canes for Veterans Program" Application Form

The AMVETS Riders Department of Florida is committed to assisting our nation's veterans through our Walking Canes for Veterans Program. All requests for assistance will be reviewed by the AMVETS Riders Department of Florida Executive Board.

*Please provide the information below and forward your request to: **AMVETS Riders Department of Florida**
Re: Walking Canes for Veterans Program

Date: _____

P.O. Box 427
Dunedin, FL 34697
Email: mmccarthy@measemanor.com

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Height: _____

Veterans Service Organization Member (AMVETS, VFW, Legion)? _____ Post # _____

Branch of Service: _____ What years did you serve? _____

Briefly describe your duties, stations of service and any awards received:

Briefly state why you are requesting a walking cane:

Signature

The AMVETS Riders Department of Florida is not liable for: maintenance, replacement parts/ repair of any parts of the walking cane, for any property damage or bodily injury resulting from the use of the walking cane. Your signature above acknowledges your agreement with the above liability statement.