

Lights of Gratitude Christmas Tree Nomination Form

Please Note: We will not sell or disclose your personal information. We will only use this information for the puprose of this Christmas Tree Program

NAME (Veteran): (first, last) _____

NAME (Spouse): (first, last) _____

Address: Street _____

City _____ ST _____ Zip _____

Phone: Veteran (c) _____

Phone: Spouse (c) _____

Email: Veteran (personal) _____

Email: Spouse (personal) _____

Branch of Service: _____ Rank: _____

Active Duty _____ Discharge Status _____

Service Dates: From (YR) _____ To (YR) _____

Family nominated by:

Name : _____

Email : _____

Please list family hobbies / interests. Favorite colors.

CHILDREN Information:

Age	Boy / Girl	Shirt Size	Gift Ideas / Interest, hobbies, games, etc
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Support US Armed Forces NOTES:

DATE Submitted: