

Application To Become A Guardian of The Veterans War Memorial of Texas

1. The undersigned submits this application for designation of "Guardian" of The Veterans War Memorial of Texas, McAllen, Texas. By this signature, applicant affirms human rights for all people regardless of race, color, creed, religion, sex or national origin and whose patriotism, beliefs and deeds gives applicant the right to stand in honor of the memory of the fallen veterans of this Country and remember the sacrifices that all veterans have made to keep our Nation and its people free.
2. Please select the type of contribution below:

Select Type (X)	Type	Amount
	*4" x 8" brick paver (\$25)	\$25
	*16" x 16" brick paver (\$265)	\$265
	**Organizational Guardian	\$6,000
	**5' Granite Bench (\$2,000)	\$2,000
	**9'6" x 7' Granite Wall (\$10,000)	\$10,000

* Use additional sheet on last page to enter paver information

**Applicant will be contacted for further information when application is received.

Special Projects

Select Type (X)	Type	Enter Donation Amount
	General Construction Funds	
	Iraq/Afghanistan KIA Walls	
	Vietnam KIA Walls	
	Bronze Statue	
	Memorial Building	
	Other (Please specify)	

3. Select Location

Select (X)	Location
	World War I Section
	World War II Section
	Korean War Section
	Vietnam Conflict Section
	All Wars Section
	Other (Please Specify)

4. All Applications will be approved by The Veterans War Memorial Foundation of Texas Steering Committee. All words and intent of information must be appropriate and honorably reflect on the spirit of those killed and missing in action in the service of the United States of America. By so doing, the applicants honor themselves and this Nation. Every effort will be made to place your Guardian in the area you select where applicable. The Steering Committee has final approval of all applications. All applicants will be afforded the opportunity to correct wordage and submit other materials as needed prior to your Guardian being placed within the Memorial Complex.

5. Applicant Information:

Name _____
Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip Code: _____
Telephone #: _____
Email Address: _____
Group or Organization if applicable: _____

6. Additional Comments:

7. For Committee Use Only:

Log Number _____
Br, Panel, Org. _____
Location _____
Approval _____
Amount _____
Install _____

