

PAVER ORDER FORM

Veteran's Name to be Engraved :

Branch of Service: Army Navy Marines Coast Guard Air Force Merchant Marines Space Force

War or Conflict (Year of Enlistment & Discharge if veteran did not serve in time of war): _____

Placement of Paver (if requesting to be near other veteran's paver): _____

Veteran is: Living Deceased Number of certificates requested: _____

Donor Name(s) to appear on certificate: _____

Mail certificate(s) to (names, address, phone): _____

Your Email: _____

Paver cost is \$300 each. Please make check to: **Stillwater Veteran Memorial, PO Box 137, Stillwater, MN 55082**
Any questions please call (651) 344-6245 or email info@stillvetmem.org