



COLUMBIA COUNTY REPUBLICAN PARTY

AMERICAN HEROES PROGRAM

Thank you for your interest in honoring America's Heroes.

All fields marked by an asterisk are mandatory.

About your hero

Name First* _____ MI _____ Last* _____

Is your hero deceased? * Yes No

Branch of United States Military or Public Service*:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Space Force | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Fire Service | <input type="checkbox"/> EMS |

About yourself

Name First* _____ MI _____ Last* _____

Address* _____

_____ City* State* Zip Code*

Occupation* _____

This information required by Florida Statute §106.07. If retired, enter prior career description.

Telephone _____ E-mail _____

Donation information

I allow the Columbia County Republican Party and participating volunteers to memorialize my loved one who served in the United States Military or public service by placing their name on a memorial cross displayed with an American flag. I understand that the memorials will be on roadside display for one week prior to and following the Memorial and Veterans Day holidays. I agree to donate **\$135** by check for this roadside marker and understand that the memorial is valid for two years.

A renewal will be mailed following the removal of the memorials on the last holiday of the two-year period. Please do not send any payment until a renewal form has been received.

Signature* _____ Date* _____

Amount* _____ Check No. _____

Make check payable to **Columbia County REC** - PO Box 3755, Lake City, FL 32056

For further information, please contact:
Columbia County Republican Executive Committee
(386) 243-4131 flags@columbiagop.com