Hangar 25 Air Museum
Veteran of the Month
Nomination Form

Date of Nomination:_____
Name of Nominee:_____
Address:_____
Telephone:_____

Reason for Nomination (i.e. Military History, Community Involvement):

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Nominated by:_____
Signature:_____
Contact Number:_____

Received by:_____
Date:_____

Staff Comments:

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