



Veteran Hero Boxes

Honoring Our Heroes

Each November, we honor the service and sacrifice of our senior Veterans by recognizing them with a HERO Box. In 2025, we proudly delivered HERO Boxes to 180 Veterans. Each HERO Box is filled with patriotic gifts, specific to Branch of Service and Campaign. We are always humbled and inspired by the stories shared with us each year and how meaningful it is for our Veterans to be remembered.

Did You or Someone You Know Serve?

We are seeking Veterans age 65 and older for this November's recognition program. Veterans 65 and older may be nominated or apply themselves. Visit www.seniorwishes.org for additional applications.



Senior Wishes enriches the lives of eligible seniors (age 65+) by granting meaningful wishes, honoring Centenarians and Veterans, and providing holidays gifts to isolated seniors in Western New York. For more information on the Senior Wishes program, visit www.seniorwishes.org.



Veteran HERO Box Application

Please return the complete form by October 5th

For assistance, please call 716-508-2121 or email: admin@seniorwishes.org

Return: Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127 or fax: 716-662-7692

Nominees must be aged 65+ and reside in Erie, Niagara, Orleans, Genesee or Wyoming Counties.

Recipients from previous years will not be considered.

Veteran Contact Information

Name _____ Birth Date _____ Age: _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

Branch of Service _____ Years of Service _____

Campaign/Conflict: WWII _____ Korean War _____ Vietnam War _____ **Circle: Vietnam Hat or Branch of Service Hat**

Other (please give details) _____

Veteran Information:

Describe your (your nominee's) service: (where stationed, interesting stories, medals awarded, etc. You may attach additional sheet.) _____

Tell us a little about yourself (your nominee)? Family, hobbies, volunteer work, career, etc... _____

Declaration: I declare that all the information provided by me is accurate to the best of my knowledge.

Signature _____ Date _____

PHOTO RELEASE: I, (Your name or authorized person) _____

authorize Senior Wishes to photograph me and publish my photograph, which may include local newspapers, Senior Wishes' social media and website (seniorwishes.org). Your photograph may be used for marketing purposes.

I certify I have read and understand the above statement:

Signature: _____ Date: _____

Please fill out below ONLY if you are nominating a Veteran

Nominator Name: _____

Phone: _____ Email: _____

Relationship to Nominee: _____ Have you spoken to them about nomination? Yes _____ No _____