



Veteran HERO Box Application

For assistance in filling out application, please call Wendy at 716-508-2121
Email: wbackman@uchsinc.org Fax: 716-662-6985
Mail to: Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127

Veteran Contact Information (Recipients from the previous year will not be considered)

Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

Branch of Service _____ Years of Service _____ Conflict (WWII, Vietnam, etc) _____

Please fill out below ONLY if you are referring someone for a wish

Nominator Name _____ Phone _____

Relationship to Wish Nominee _____ Email _____

VETERAN INFO:

Describe your service: (location, interesting stories, medals awarded) _____

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

Declaration

I declare that all information provided by me is accurate and I agree to inform Senior Wishes should any information on this application change.

Signature _____

Date _____

8/21