

**Due: November 19**

Forms and payment must be received by 11/19



# WREATHS *across* AMERICA

## Wreath Sponsorship Form 2022

**MNVM Wreaths Across America Ceremony**

**December 17 11 am**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please make checks payable to:  
Wreaths Across America**

**Form and payment should be dropped off at the  
Welcome Center or mailed to:**

**Missouri's National Veterans Memorial  
PO Box 566  
Perryville, MO 63775**

**Call 573-547-2035 with any questions.**

Sponsorship Type	Price	Quantity	Total
<b>Individual</b> = 1 Wreath	\$15.00		
<b>Mailed "In Honor" card</b> = If you wish to send a physical IN HONOR OF card telling someone of your sponsorship, please see "In Honor" section below. The \$2 fee is required for this mailing.	\$2.00		
5 Wreaths *Most popular	\$75.00		
<b>Small Business</b> = 10 Wreaths	\$150.00		
<b>Corporate</b> = 100 Wreaths	\$1,500.00		
		<b>Grand Total</b>	

### In Honor of:

\_\_\_\_\_  
*Below, please provide email or mailing address of "In Honor of" recipient so we can notify them of your sponsorship in their honor. If you have a specific message, please attach it to this sheet.*

**Email address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

### In Memory of:

\_\_\_\_\_  
*This name will be listed on our online memory wall and read aloud at the MNVM ceremony. Below, please provide name, rank, branch of service and state resided.*

**Branch of Service:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**State:** \_\_\_\_\_

*Please note, **ALL** sponsored wreaths are shipped directly to the Missouri's National Veterans Memorial and may be picked up following the ceremony if desired. **NO** wreaths are sent to the individuals purchasing sponsorships.*

**Make arrangements for a time to pick up your wreath if unable to attend the ceremony on December 18. All wreaths not picked up by 1:00 following the ceremony will be placed on veterans' graves at a local cemetery.**

Location ID:           MOMNVM           Fundraising Group ID: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Cash: \_\_\_\_\_ Total: \_\_\_\_\_ Date Received: \_\_\_\_\_

Total No. Checks: \_\_\_\_\_ Reconciled: \_\_\_\_\_

MO: \_\_\_\_\_

GEN: \_\_\_\_\_

Entered: \_\_\_\_\_