

COVER SHEET

FOR OFFICIAL USE ONLY

NOMINEE NO. _____



Milwaukee County Veterans Association Nomination For Veteran Of The Year

ORGANIZATION OR INDIVIDUAL MAKING THE NOMINATION

Name:
Address:
City, State, Zip:
Phone Number:

VETERAN BEING NOMINATED

Name:
Address:
City, State, Zip:
Phone Number:

**NOMINATIONS
MUST BE RECEIVED BY SEPTEMBER 15TH**

MAIL TO:

MCVA
PO Box 341622
West Milwaukee, WI 53234

OR EMAIL TO:

Jean Ruka jschruka@gmail.com

OR

Mike Malloy mike.ellen.malloy@gmail.com