

**BOB MUNRO MEMORIAL
SERVICE TO VETERANS AWARD
NOMINATION FORM**

{ Please PRINT or TYPE all information. }

Name of Nominee: _____

Address: _____

Phone: (_____) _____ - _____

Brief description of meritorious service to veterans, troops or their families:

(use back of form if more space is needed)

Person submitting nomination: _____

Member of VFW Post # _____ City: _____

Telephone Number: (_____) _____ - _____

If you have additional information, newspaper articles, photos, etc., please enclose with this form.

**Submit completed form no later than 12/31/09 to:
Bill Knudson, Chairman, Bob Munro Award
505 S Apple Ave • Marshfield, WI 54449**