

Application for Order of the Silver Rose Medal

Note: All the following information **is final as written**. **Print Clearly**, Use additional pages if necessary.

This application must be totally completed and mailed with all requested information.

Name: first name, middle name or initial, last name (as you want it written on the award):

(First) _____ (Middle Name or Initial) _____ (Last) _____

Rank _____

Branch of Service _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Evening Phone (_____) _____ - _____

Daytime Phone (_____) _____ - _____

If the person is deceased, please list your name, address, and phone:

Name _____

Address _____

City _____ State _____ Zip _____

Your Phone Number (_____) _____ - _____

Relationship _____

NOTE: You must enclose with this application, a copy of your DD-214 and medical statement or award letter of Agent Orange related illnesses. This information is critical in preparing this award. The award will not be prepared without it, nor will you be contacted if an application is sent without the required information.

Just like everything else in this world . . . it all takes money.

The producing of the Silver Rose Awards, packaging, mailing, communications, tax reporting and dozens of other things all require that someone **"pays the bills."** That's where you come in, if you believe that Honoring the Victims of Agent Orange is a worthwhile endeavor. Help Support the Cause.

Please make a donation!

Without your help, we cannot continue.

Write checks payable to: **The Order of The Silver Rose** and mail To: **Gary J. Chenett, National Director**
9157 Ann Maria Dr.
Grand Blanc, Michigan 48439
810-714-2748
Email: fuzzyfrog@intouchmi.com

If you desire a formal presentation or wish instructions on presenting an award, visit our website or contact us!