



# WREATHS *across* AMERICA

## DECEMBER 18, 2021

### Wreath Sponsorship Form

\*Sponsored wreaths are placed on the grave markers at state, national veterans cemeteries as well as local cemeteries each December. Wreaths may be purchased online at [www.WreathsAcrossAmerica.org](http://www.WreathsAcrossAmerica.org)

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

Please make checks payable to:  
**Wreaths Across America**  
 Mail to: WCVMF  
 P.O. BOX 1576  
 Ocean Pines, MD 21811  
 Thank you for your Sponsorship and joining us in our mission to Remember, Honor and Teach!

Do we have permission to publicize your name as a sponsor?  
 \_\_\_ Yes OR \_\_\_ No, I wish to remain Anonymous

**SPONSORSHIP CUT-OFF DATE IS 11/27/2021**

Sponsorship	Price	Quantity	Total
<b>Individual</b> = 1 Wreath	\$15.00		
<b>Mailed "In Honor" card</b> = If you wish to send a mailed honor card telling someone of your sponsorship-see "In Honor" section below. *Card will not be mailed if the \$2 fee is not included.	\$2.00		
<b>Family</b> = 4 Wreaths	\$60.00		
<b>Small Business</b> = 10 Wreaths	\$150.00		
<b>Corporate</b> = 100 Wreaths	\$1,500.00		
		<b>Grand Total</b>	

**\*\*SORRY- WE CAN NOT TAKE GRAVE SPECIFIC REQUESTS\*\***

**In Honor of:**

\_\_\_\_\_

Please provide email of "In Honor Of" recipient, or mailing address so a card can be sent notifying them of your sponsorship in their honor. (if you have a specific message please write it on the back of this sheet and we will include it.)

**Email:**

\_\_\_\_\_

**Mailing:**

\_\_\_\_\_

**In Memory of:**

\_\_\_\_\_

This name will be listed on our online memory wall, please provide name, rank, branch of service and state resided

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

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

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

Please note that all sponsorships are sent directly to the location and no wreaths are sent to the individuals purchasing sponsorships.

Location ID: **MDES VH** \_\_\_\_\_ Fundraising Group ID: **MD0017p** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Cash \$: \_\_\_\_\_ Total\$: \_\_\_\_\_ Date: \_\_\_\_\_

Total # Checks: \_\_\_\_\_ Reconciled: \_\_\_\_\_

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

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

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