



Veteran HERO Box Application - 2023

Please return completed form by October 2, 2023

For assistance in filling out application, please call Wendy at 716-508-2121

Email: majstorovic@uchsinc.org Fax: 716-662-6985

Mail to: Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127

Veteran Contact Information *(Nominees must be aged 65+ and recipients from previous years will not be considered)*

Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

Branch of Service _____ Years of Service _____ Conflict (WWII, Vietnam, etc.). _____

Veteran Information:

Describe your (your nominee's) service: (location, interesting stories, medals awarded)

Tell us a little about yourself (your nominee)? Family, hobbies, volunteer work, career, etc...

Declaration

I declare that all information provided by me is accurate and I agree to inform Senior Wishes should any information on this application change.

Signature

Date

Please fill out below ONLY if you are referring a Veteran

Nominator Name: _____

Phone: _____ Email: _____

Relationship to Nominee: _____