

Women In Military Service For America Memorial Foundation, Inc.

PO Box 420560 • Washington, DC 20042-0560 • 703-533-1155 • 800-222-2294 • hq@womensmemorial.org • www.womensmemorial.org

This form can be used to **REGISTER** eligible women, **UPDATE** or **CORRECT** existing records, or **DONATE** to the Women's Memorial Foundation. Please complete all applicable fields. **Donations, while always appreciated, are not required.**

Submitter Information

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Country: _____
Home Phone: _____ - _____ - _____
Work Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____
E-mail: _____

Donations

I am contributing to the Memorial Foundation: \$ _____
Suggested donation \$5, \$10, \$25, \$100 or Other: _____

I am sponsoring a name for registration: \$ _____
Suggested \$25 minimum donation

I am registering myself: \$ _____
Suggested \$25 minimum donation

Total Enclosed: \$ _____

Method of Payment

Check enclosed (*Payable to Women's Memorial Foundation*)

Charge my: VISA MC DISCOVER AMEX

Card #: _____

Expiration Date: _____

Name: _____
As it appears on the card

Your contribution is tax deductible to the full extent the law allows.

I would like to designate my contribution in honor/ memory of the following individual or organization:

Address if known

The woman being registered is: (*Indicate relationship*)

Registration Data New Update

For women veterans, Active Duty, Reserve, Guard, USPHS, NOAA, and "We Also Served" (e.g. USO and Red Cross, etc.), living or deceased.

Memorial Register#: _____

Name: _____
First / Middle / Last

Maiden Name: _____

Previous Name: _____

Address: _____
If deceased, last known address

City: _____ State: _____

Zip: _____ Country: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

E-mail: _____

Date of Birth: _____
MM / DD / YYYY

Date of Death: _____
MM / DD / YYYY

Place of Birth: _____
City / State / Country

Hometown: _____
City / State / Country

Highest Rank: _____ Retired from military service

Service Dates: *Multiple entries for Active, Guard or Reserve Duty or breaks in service. Format dates as shown and use same service abbreviations shown on lower left of this form.*

From: _____ To: _____ Service: _____
MM / DD / YYYY

From: _____ To: _____ Service: _____

From: _____ To: _____ Service: _____

Military Decorations: _____

Memorable Military Experience: (*Use additional paper if needed.*)

Service: USA USMC USN USAF
 USCG USPHS NOAA Reserve
 Guard Nurse Corps Other: _____

Photo taken in uniform is:
 enclosed e-mailed unavailable