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:

☐ I am registering myself: $ _______
Suggested $25 minimum donation

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

Highest Rank: ____________ ☐ Retired from military service
Military Decorations: ____________________________
Memorable Military Experience: (Use additional paper if needed.)

Photo taken in uniform is: ☐ enclosed ☐ e-mailed ☐ unavailable

Rev. 10/4/18

Please Return ENTIRE form