

WNYHeroes, Inc.

Supporting Western New York Veterans

WNYHeroes, Inc
2809 Wehrle Dr. Suite #8
Williamsville, NY 14221
716-630-5020

Back to School Backpack Drive Application

I would like to apply for the WNYHeroes/ Medaille College annual “Back to School Backpack Drive”. The genders, ages and names of my children are as follows:

<u>Age</u>	<u>Gender</u>	<u>Name</u>
—	—	_____
—	—	_____
—	—	_____
—	—	_____

I am aware this drive does not extend to extended family. The **deadline** for this drive is **August 20th** of every year.

I fully understand that by receiving backpacks from WNYHeroes, a “thank you” letter is **REQUIRED** to demonstrate to donors, that such supplies were truly received by the family. By not doing so, your request can be terminated next year.

Signature: _____

Print: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

School: _____

Address: _____

City: _____ Zip: _____

Grade/s: _____

*** I am aware that if I do not submit a copy of my DD-214, I am ineligible for the supplies at any time and must submit a true copy each year I apply.**

Signature: _____

***I am aware that this program is STRICTLY for Veterans/Families and by submitting such request I am also confirming truth to my being eligible.**

Signature: _____ Date: _____

Branch of service: _____ ETS: _____ Active Duty ___ National Guard___

Reserves___ Coast Guard___

Length of service: _____

Disabled Veteran: _____ Purple Heart Recipient: Y___ N ___ If yes! Please submit orders to prove such award.

Are you a combat veteran? Y___ N ___

Did WNYHeroes help you out in previous years? Y___ N ___



Thank You Letter

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Branch of service: _____ ETS: _____ Active Duty ___ National Guard___

Reserves___ Coast Guard___ Years of Service: _____

I _____ am writing to say thank you for the supplies in which my family has received from your organization on Date: _____
