FIELD OF HONOR® 2023



Tribute to all Veterans, Active Military, First Responders, and COVID-19 Heroes



TRIBUTE FLAG FORM

SEPTEMBER 7-10, 2023

MERCY CENTER • 1437 BLOSSOM ROAD • ROCHESTER, NY 14610

You may <u>purchase a Flag Kit</u> to be kept or sent to someone you choose; or, <u>purchase a Tribute Flag (previously flown)</u> in honor/memory of a person or group of your choice. Tribute Flags will remain with Mercy Bridges for the following year's event.

Purchaser's Name:				
Address:				
City:		State:	Zip	:
Email:		Daytime Phone #:		
Flag kit includes: 3'x5' on 8'	Pole (assembled) - Flags fly for	72 hours		
\$40/Tribute Flags	# of Flags ordered:		Total Cost	\$
\$25/Tribute Flag (previously	flown) # of Flags ordered:		Total Cost	\$
Donation only				\$
Total Cost of purchase/donation:				<u>\$</u>
Payment Type: Check #:	(or) Cash:			
Make checks payable to:	Mercy Bridges Write in	Memo: Field of	f Honor®	
	ges, 1437 Blossom Road, Roche			
, and the second				
I/We would like Mo	ercy Bridges to notify the flag	honoree(s) of even	it. (Use back if mo	re than one address).
Name & Address:				
Please indicate disposition of ()	nurchased flag kits) after even	t•		1
_				
i would like to pick up	my flag. (<mark>Monday, September</mark>	11, 2023), or		INFO DUE
☐ I would like to donate	for next year's event.			On or Before
☐ I would like to ship m	y flag to (if different from above):			6/20/2025
•				
·		 '		V
City:	State:	– Zip:		

Thank you again for your time and support!

TRIBUTE FLAG TAG INFORMATION - 2023

(Please make as many copies of this blank label for the number of Tribute Flags you purchase)

Thank you for remembering those that give / have given to our country and communities with their service.

***In Memory/Honor of: (Please circle one)
Name of Military, First Responder or COVID Hero:
Branch of Military or Service Agency:
Rank:
Years of Service:
Stationed:
Active Duty / Tours of Duty:
Name of Tribute Flag Sponsor:
Deliver Mail Pick up Donate for next year
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