Mail Completed Application to:
Herb Blake
Attn: Eagle Cane Project
546 Mayall Rd
New Gloucester, Me 04260

eaglecane@mainewoodcarvers.org
(email)

# EAGLE CANE REQUEST FORM

Veteran's Name: _____ _____ _____
First Middle Last

Veteran's Date of Birth: _____

Branch of Service: _____

Service Period(s): _____

Purple Heart Recipient: _____ _____
Date Wounded Country Wounded

_____

_____
(Veteran's Address and telephone number)
Ribbons, Medals or Citations: _____

_____
Div/Unit/Ship/etc Assigned to: _____
Campaigns: _____

Is this intended to be a surprise? Yes ___ No ___

**Person to Contact** when cane is finished or if carver has questions about the veteran's military service

_____ _____ _____
Name Email Telephone

_____
Address Town Zip Code

In order to assist the carver in personalizing the cane, please attach a copy of discharge, other military records or any other available history of the veteran's service