

**OREGON COASTAL QUILTERS GUILD**

**VETERANS QUILT APPLICATION**

VETERAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_ APPROX. DATES OF SERVICE \_\_\_\_\_

RANK AND/OR JOB WHILE IN SERVICE \_\_\_\_\_

VETERAN'S HEALTH CONDITION \_\_\_\_\_ OTHER INFO \_\_\_\_\_

SEND THIS FORM TO CHERYL KRAMER, 9709 SE CEDAR, SOUTH BEACH, OR 97366

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**OCQG INFO**

DATE APP RECEIVED \_\_\_\_\_ QUILT STATUS \_\_\_\_\_

LABEL TO \_\_\_\_\_ DATE \_\_\_\_\_ DATE PRESENTED \_\_\_\_\_

COMM. MBR SUBMITTING THIS REQUEST \_\_\_\_\_ TO CHERYL \_\_\_\_\_