

QUILT OF VALOR
REQUEST FORM
Provided by Postville Quilters for Veterans



Recipient's name: _____
(include "nickname" if you wish)

Phone #: _____

Address: _____
street (or Box #) City State Zip County

Please check the branch you served in:

Army Navy Air Force
 Marines Coast Guard

Please check where you were deployed:

WW II Korea Vietnam
 Beirut Latin America Iraq
 Afghanistan
 Other _____

Please list what years you served: _____
(i.e., 1943 - 1946)

What was your rank? _____

MOS (Military Occupational Specialty): _____

Please provide any details you would like to share: (include medals earned):

Quilt of Valor requested by: _____

Please return this form ASAP to: Quilters for Veterans
410 Sherri St.
Postville, IA 52162

Or visit our Facebook page @ Postville Quilters for Veterans

To learn more about the Quilt of Valor Foundation, go to their website: www.qovf.org