

Friends of Veterans New York, Inc.

We serve those who served

Sponsor Form

Name of Business: _____

First / Last Name: _____

Address: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Phone Number(s): _____

Email Address: _____

Website address: _____

Brief Description
of Business: _____

Business Logo
(location of image
on web): _____

Select Payment

\$60 for 6 months

Amount:

or \$100 for 1 year

Make check payable to 'Friends of Veterans New York, Inc.'

Mail this form and your payment to

Friends of Veterans New York, Inc.
247-30 Northern Boulevard
Douglaston, NY 11363

Thank you for supporting our Veterans!