

VETERAN CAR GIVEAWAY ENTRY FORM

Date:		Date ot Birth: _				_
First Name:	MI:	Last Name:				_
Mailing Address:						_
Email:						_
Phone(s):						
Driver's License #:		State:	Expiration:	:		_
Permission to Obtain Driving Record	l: Sign Her	e:				_Type Full Nar
Note: DD214 or other supporting of	documenta:	tion of military ser	vice must be	attached	<mark>√.</mark>	
Number of dependents living in you	r househol	d:				-
Ages of dependents:						-
Are you receiving compensation/ber	nefits of an	y kind from the go	overnment?	YES	NO	
If so, please explain:						_
Have you previously applied for help from another non-profit organization? YES NC				NO		
If so, name of organization and date	e applied:					_
In the event you are chosen to receive hold vehicle insurance, as well as ke					_	and

Please write a brief summary/explanation how you vehicle for you and your family. More details may		onated
I hereby certify that all the information provided b accompanying or required documents) is correct, knowledge.		
	Type Full Name	
Signature		 ate
Jighalore	ט	ui c

Please join us Sunday, October 1st, 9 AM at the VFW Post 4031 for our Veterans Benefit Breakfast where the recipient of the car will be announced.

Must be present to win!



Return Completed Applications to the VFW Post 4031 1550 Main Avenue, Durango, CO 970-247-0384



or dgovethelp@gmail.com

Thank you for applying from the Veterans Relief Committee, La Plata Towing & Durango Automotive Repair.

Page 2 of 2 Revised 7/20/2023