

REQUEST FOR PROMOTOR AWARD –BUDDY POPPY

TOP POST PROMOTER

Name _____

Address _____

City/Zip _____

TOP AUXILIARY PROMOTER

Name _____

Address _____

City/Zip _____

The above named person(s) are the Top Promoter(s) in donations for Buddy Poppies in the Post and/or Auxiliary.

Date of Campaign _____

Please mail award(s) to: Name _____

Address _____

City/State/Zip _____

NOTE: Post Commander or Auxiliary President should ensure that the award(s) is (are) properly presented at a meeting or other gathering of the Unit.

Signature of person making this application _____

Post/Auxiliary Number _____ City _____

In case of a tie, duplicate award(s) **cannot** be made. Post or Auxiliary must decide who will receive the award. **Please**, count what each person actually collected and do not combine any Buddy Poppy Donations. County only the contestant's total collection to be fair.

Mail this report to: VFW Department Headquarters

PO Box 6128

Monona, WI 53716-6128

August 2015