



AMVETS DEPARTMENT OF MASSACHUSETTS

PILGRIM AWARDS NOMINATION FORM

AMVETS: _____ POST NUMBER: _____

NAME: _____

ADDRESS: _____

CITY/TOWN & ZIP CODE: _____

Activities of nominee which make him/her eligible for this above award:

Our Community is served by the following radio or television stations for publicity releases in the event this nominee is selected for the award (give name, call letters and address).

We understand that further biographical information will be needed by the Honors and Awards Committee should this nominee be selected for the award.

Post Commander: _____ Date: _____

Post Adjutant: _____ Date: _____