

**LOWER SOUTHAMPTON TOWNSHIP
VETERANS ADVISORY COUNCIL
HOMETOWN HERO BANNER PROGRAM FORM**

Veteran's Full Name: _____

Branch of Service: _____

Rank at Discharge: _____

Dates of Service: _____

Sponsor Line: _____

Requester's Name: _____

Address: _____

Phone #: _____ **Email:** _____

After completing the form, please print the form. Completed forms can be dropped off at the Township Administration Building, 1500 Desire Avenue, Feasterville, PA 19053 or Email administration@lstwp.org

REQUIRED:

- DD-214 (Honorable Discharge)
- At least 15 years of residency in Lower Southampton Township
- Picture (Military photo preferred)
- Must be deceased.
- For banner pricing, email administration@lstwp.org.