

FIELD OF HONOR® 2020



Tribute to all Veterans,
Active Military,
First Responders, and
COVID-19 Heroes

Sponsored by



*A sponsored ministry of the Sisters of Mercy
of the Americas*

TRIBUTE FLAG FORM

SEPTEMBER 10 - 13, 2020

MERCY CENTER ♦ 1437 BLOSSOM ROAD ♦ ROCHESTER, NY 14610

You may purchase a Flag Kit to be kept or sent to someone you choose; or, purchase a Tribute Flag (previously flown) in honor/memory of a person or group of your choice. Tribute Flags will remain with Mercy Bridges for the following year's event.

Purchaser's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone #: _____

Flag kit includes: 3'x5' on 8' Pole (assembled) - Flags fly for 72 hours

\$40/Tribute Flags # of Flags ordered: _____ Total Cost \$ _____

\$25/Tribute Flag (previously flown) # of Flags ordered: _____ Total Cost \$ _____

Donation only \$ _____

Total Cost of purchase/donation: \$ _____

Payment Type: Check #: _____ (or) Cash: _____ PayPal at: mercybridges.org: _____

Make checks payable to: Mercy Bridges **Write in Memo:** Field of Honor®

Mail to: Mercy Bridges, 1437 Blossom Road, Rochester, NY 14610

_____ **I/We would like Mercy Bridges to notify the flag honoree(s) of event.** (Use back if more than one address).

Name & Address: _____

Please indicate disposition of (purchased flag kits) after event:

I would like to pick up my flag. (Sunday - 9/13/20), or

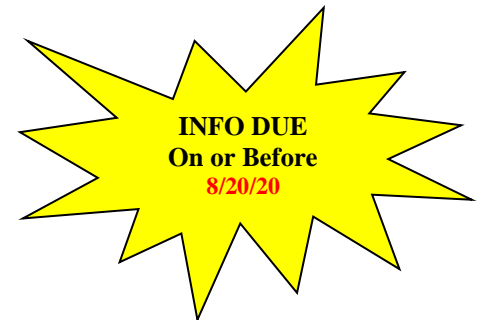
I would like to donate for next year's event.

I would like to ship my flag to (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____



Thank you again for your time and support!

***Your contribution is tax deductible under 501(c) (3) status of The Sisters of Mercy-NyPaW (#45-0566406)
(Written receipt will be mailed after processing order.)***

TRIBUTE FLAG TAG INFORMATION - 2020

(Please make as many copies of this blank label for the number of Tribute Flags you purchase)

Thank you for remembering those that give / have given to our country and communities with their service.

*****In Memory/Honor of:** (Please circle one)

Name of Military, First Responder or COVID Hero: _____

Branch of Military or Service Agency: _____

Rank: _____

Years of Service: _____

Stationed: _____

Active Duty / Tours of Duty: _____

Name of Tribute Flag Sponsor: _____

Deliver ___ Mail ___ Pick up ___ Donate for next year ___

*****In Memory/Honor of:** (Please circle one)

Name of Military, First Responder or COVID Hero: _____

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Deliver ___ Mail ___ Pick up ___ Donate for next year ___