

# Eagle Cane Application

For Western Slope Veterans only

Name of Veteran \_\_\_\_\_  
(First) (Middle Initial) (Last)

Veterans Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Rank/Grade \_\_\_\_\_ Military Branch \_\_\_\_\_

Unit # \_\_\_\_\_

Date of Injury \_\_\_\_\_ and/or Dates of Service \_\_\_\_\_

Country where injury was received \_\_\_\_\_ or if no injury the

country where served \_\_\_\_\_ Veteran's home state \_\_\_\_\_

Did the Injured Veteran receive the Purple Heart? YES  NO

SPECIAL INFORMATION REGARDING THE VETERAN \_\_\_\_\_

---

---

## INFORMATION OF NOMINATING INDIVIDUAL: MUST BE COMPLETED!

Your Name \_\_\_\_\_ email: \_\_\_\_\_  
(First) (Last)

Your Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Your Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ This cane is a surprise: Yes or No

None of the above information will be released to anyone other than those who need to know.

Mail this form to:  
Grand Valley Woodturners  
Eagle Cane Project  
152 29 Road  
Grand Junction, CO 81503

Questions:  
Buck Taylor  
(970)245-8817