

PROJECT SUPPORT OUR TROOPS

Soldier's Rank (optional) _____

Soldier's Name _____

Soldier's Address _____

Branch of Service _____

Birthday (if known) _____

(We like to send a birthday card)

Country _____

Date expected to return to the States _____

Your contact info:

If a package is returned we will contact you for a current address.

Name _____

Address _____

Phone number _____ E-mail _____

PLEASE RETURN THIS FORM TO

PROJECT SUPPORT OUR TROOPS

637 Madison Avenue

Meadville, PA 16335

Info can also be e-mailed to:

Laurie Davis
Kim Lengling

post52@ zoominternet.net
lengling@ zoominternet.net

547-4141
724-9099