

**HALL OF HEROES NOMINATION FORM**  
**Tomah VA Medical Center**

DATE:

NOMINATION PREPARED BY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE :

VETERAN BEING NOMINATED:

Please include the following in your nomination package:

1. Copies, not originals, of the nominee's military awards and citations
2. Copy of the nominee's DD214
3. Signed Authorization for Verification Form
4. Additional information you wish to share with the Hall of Heroes Committee

Please note that nominees need to be enrolled for health care at the Tomah VA or one of our Community Based Outpatient Clinics (CBOCS) to be considered for the Tomah VA Hall of Heroes. Our CBOC's are located in La Crosse, Loyal, Wisconsin Rapids and Wausau.

Thank you for taking the time to participate in the Hall of Heroes Project.

**SUBMISSIONS ARE ACCEPTED YEAR-ROUND.**

**IN ORDER TO BE CONSIDERED FOR THE PRESENTATION ON NOVEMBER 10, 2010,  
SUBMISSIONS MUST BE RETURNED BY OCTOBER 16, 2010.**

Submission packets should be sent to:

HALL OF HEROES  
Public Affairs Office (OO-PAO)  
VA Medical Center  
500 East Veterans Street  
Tomah, WI 54660