


\_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Street Address / City / State / Zip Code

**Payable to: Charles N. Deglopper Memorial Expansion Committee**

*\$175 Donation Per Paver*

\_\_\_\_\_  
Check # Date

\_\_\_\_\_  
Donor Signature DeGlopper Committee Signature

**Please Mail To:**

Charles N. DeGlopper Memorial VFW Post 9249  
Attn.: Memorial Fund - Paver  
2121 Grand Island Blvd.  
Grand Island, NY 14072

Form Rev. June 2026