

Veteran's Flag Display

Taylorsville Economic Development Program 2025

Full Name of the Veteran:

Name as to appear on flag:

Branch of Service:

Dates Served in Military: (Years)

Beginning _____ Ending _____

Name of Person/Persons making the donations and decisions for this Veteran's Flag:

Address: _____

Phone: _____

E-mail address: _____

Yes ___ No ___ (*please check the correct box*). I give permission to have my name(s) published and acknowledged in local social and printed media for this donation.

Payment Information:

Please make checks payable: The Town of Taylorsville

\$130 per flag. (2025-2026 cost - *Nonrefundable after flag is printed*) Please ***note on check: Donation for Veteran's Flag***

*****I agree to provide the Economic Development Program of Taylorsville with a digital photograph of my Veteran to be used on the flag and the above pertinent information needed.**

Email digital picture to: rblake@taylorsvillenc.com tag: Veteran's Flag.

I understand the Taylorsville Economic Development Program will make all decisions on placement and permission of the flag. I understand the flag I am donating will be displayed on the streets of Taylorsville on a determined holiday schedule by the Taylorsville Economic Development Program, possibly on a rotation basis, and become property of the town of Taylorsville. I agree that the above information is correct.

Signature: _____

Date: _____