

USS LST 393 Veterans Museum Wall of Honor Program



Veteran's Name _____

Branch of Service _____ **Dates of Service** _____

Highest Rank _____

Specialty/MOS _____

Division/Unit/Squadron/Ship _____

Areas of Service/Campaigns _____

Medals/Ribbons/Awards _____

Send completed form and photo plus **\$50** donation to:

USS LST 393 Wall of Honor

560 Mart Street, Muskegon, MI 49440

Contact Info _____

_____ **email** _____

Note: Please include a copy of DD-214 discharge papers if available