



**DAV Department of Michigan
Forget-me-not
Notification form**

CHAPTER #: _____ CHAPTER NAME: _____ DATE: _____

LOCATION(s) OF FORGET-ME-NOT SALES:

LOCATION NAME	ADDRESS	DATE(s) of Forget-Me-Not Sale(s)

SUBMITTED BY:

Signature of Chapter Commander

Print Name

Email to: MIDAVHQ@DAVMICHIGAN.com

Or mail to address: 16925 Masonic
PO Box 26031
Fraser, MI 48026

**DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN
1-586-415-8610**