

# Department of NJ ADOPT-A-UNIT Form

## Application for Sponsorship

Please submit this completed form to Helen at [office@njvfw.com](mailto:office@njvfw.com)

Please choose one.

VFW POST/AUXILIARY NUMBER: \_\_\_\_\_

### VFW POINT OF CONTACT NAME

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### VFW POINT OF CONTACT ADDRESS

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

VFW POINT OF CONTACT PHONE: \_\_\_\_\_

VFW POINT OF CONTACT EMAIL: \_\_\_\_\_

Please list a valid email due to this being the primary way that you will be contacted if needed.

Direct any questions or concerns to the State Adjutant Ken Hagemann [adjutant@njvfw.com](mailto:adjutant@njvfw.com)