



**VETERANS OF FOREIGN WARS
DEPARTMENT OF MISSOURI
P.O. Box 26
Jefferson City, Missouri 65102**

MISSOURI SPECIAL "SOME GAVE ALL" LICENSE PLATE USE DONATION

I Mr. / Ms. _____ hereby state that I wish to make a nonrefundable donation in the amount of \$ WAIVED .00 to the Veterans of Foreign Wars, Department of Missouri, in return for the right to apply for a Special "Some Gave All" Missouri License Plate. (**\$25.00 One-year use. \$50.00 Two-year use.**)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: () _____ - _____

NOTE: To obtain your special license plates, you must submit the statement we send to you and a \$15.00 special plate fee with your completed "Application for Missouri Personalized and Special License Plates" (DOR-1716), to the Missouri Department of Revenue, P.O. Box 100, Jefferson City, Missouri 65105-0100.

Received at VFW HQ on this date _____

Letter returned to applicant on this date _____

Tom McLerran, Quartermaster
VFW Department of Missouri