



WHARTON AMERICAN LEGION
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EXCELLENCE COIN RECOMMENDATION

COIN NUMBER (ENTER AFTER APPROVAL): _____

SUBMISSION DATE: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

SUFFIX: _____ (E.G. JR, SR, etc.)

SEX: M / F

LEGION MEMBER: Y / N IF YES POST #: _____

NON MEMBER: Y / N IF YES ORGANIZATION (IF APPLICABLE): _____

RECOMMENDERS NAME: _____

RELATIONSHIP TO MEMBER: _____

BASIS OF RECOMMENDATION: _____

DECISION DATE: _____

APPROVED: Y / N

IF NOT APPROVED REASON (IF AVAILABLE): _____