Department of Ohio AMVETS
1395 E. Dublin Granville Rd Ste. 222
Columbus, Ohio 43229

Newsletter Submission Form

Name (Last, first, middle initial) _____ Date of Photos/Event _____

Street address, City, ST, ZIP Code where Photos/Event took place _____ Post # _____

Contact Phone Number _____ Contact Email Address _____

Type of Submission

- ☐ Photo(s) with caption
- ☐ Photos with story
- ☐ Story without photos
- ☐ Announcement or Event
- ☐ Job Opportunity
- ☐ Volunteer Opportunity

Please describe submission:

- *For Photos: Please include in captions the first and last names of those who appear in each photo, where the photo was taken, and for what function.*
- *For Events: Please include starting and ending dates and times, location, posts involved, who it benefits, sign up information.*

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- *Attach additional descriptions, if applicable.*

Signature _____ Date _____

For Administrative Use Only: _____ Date received _____

Action taken _____ Date _____