

RESPONSE CARD FOR
Veteran Members of the Dept of WI
\$2,500 AD&D BENEFIT

Please Print In Ink

Please return this card within 10 days.

NAME: FIRST MIDDLE LAST

ADDRESS

CITY STATE ZIP CODE

+ ASGR6M0133 +

YOUR DATE OF BIRTH

() / ()

YOUR HOME PHONE

CELL PHONE

BENEFICIARY

RELATIONSHIP

Yes, I want Child Safe Kits for my family. # of Kits requested: _____