



The Travis Manion Foundation is dedicated to *honoring the fallen by challenging the living*. As part of our mission to honor the fallen, we'd like to honor your loved one by having a wounded or disabled veteran serve a Fellowship through The Mission Continues program in his or her name.

There is no cost to you. We'd simply like to honor your loved one and challenge a returning veteran to keep your Fallen Hero's spirit alive through community service.

As a Family of the Fallen we strive to offer your family:

- A way for you to honor your loved one.
- A community for Families of the Fallen & the service of your loved one.
- The chance to provide the Fellow with a stronger sense of what they are accomplishing by carrying on your loved one's name and spirit.
- A stronger connection between veterans and community.

We hope you decide to join our program. If you do, **please provide photos and a short biography about your Fallen Hero with the enclosed sheet.**

In return you will receive photos and a short biography about your Fellow along with impact statements generated during his or her service. At the conclusion of the Fellowship (normally 16 weeks) we ask that the Family of the Fallen submits a *letter of reflection* about the Fellowship experience. This not only helps us with our program but also helps the Fellow by showing them the impact they have made on your family while continuing their own service and strengthening their community.

If you are interested in being a part of our Fellowship Program please fill out the enclosed information on the second page and send us back your signed copy.

Thank you again for your sacrifice and service.



Your name(s):

Date:

Phone #:

Email:

Mailing Address:

Name of Fallen Service Member:

Relationship:

Hero's Branch of Service:

Please share any information about you and your Fallen Hero's story (**please remember to attach a favorite picture or two as well as additional written information**):

I am currently associated with any organizations: Yes  No

If so, who:

I would be willing to exchange emails with my Fellow: Yes  No

I would be willing to coordinate a phone call with my Fellow: Yes  No

I would be willing meet with my Fellow: Yes  No

Comments (please feel free to add another sheet):

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

(If emailing back, typing your name is acceptable)

*Please return to [brice@travismanion.com](mailto:brice@travismanion.com) or mail to PO Box 1485, Doylestown, PA 18901*