

THE GUILD OF ST. FRANCIS HOSPITAL FOUNDATION

FIELD OF HONOR, THANKS AND REMEMBRANCE 2026

FLAG SPONSORSHIP FORM



Please join The Guild of SFH in honoring our Military Veterans, Active Military, Police, Firefighters and EMS who protect us daily. The Field of Honor will be displayed in front of the hospital on Port Washington Boulevard. The 3'x5' flags will be on display from November 1st until December 7. Your personally dedicated ribbon will be attached to a flag and the honoree name(s) will also be on display in the lobby.

Consider purchasing a flag as a gift for that special person you are honoring. All flags are made in the USA.

Option 1: For \$50, you can purchase a dedicated flag. This flag will have just your ribbon on it and both the flag and ribbon will be mailed to you, the sponsor, in Jan/Feb.

Option 2: For \$25 per name, you can purchase a personalized ribbon that will be attached to a flag. Your ribbon will be mailed to you, the sponsor, in Jan/Feb.

Option 3: For \$25, you can purchase a military ornament which can be displayed year-round. Ornaments will be mailed in early December. (Flags/ribbons will be mailed separately if applicable.)

For more information, please contact: Joan Durso Serra: 516-626-0251

Please make your selections on the back.

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ORDER FORM – PLEASE PRINT CLEARLY!

OPTION 1:

Personalized Ribbon on Dedicated Flag

A. ☐ \$50 Includes 1 Flag and 1 ribbon with name

Name: _____

Branch: _____

B. ☐ \$20 Each additional ribbon with name
(personalized ribbon will be on your purchased flag above)

Name: _____

Branch: _____

OPTION 2:

Personalized Ribbon

A. ☐ \$25 For 1 ribbon with name
If purchasing more than 1, \$25 is for the first ribbon

Name: _____

Branch: _____

B. ☐ \$20 Each additional ribbon with name

Name: _____

Branch: _____

OPTION 3:

Military Ornament

☐ \$25 For 1 ornament
Please indicate service branch

Name: _____

Ornament: _____

Enclosed is my check for \$_____.

Use for additional orders- **BE SURE TO SPECIFY WHICH OPTION YOU ARE CHOOSING**

Option # _____ Name: _____ Branch: _____

Option # _____ Name: _____ Branch: _____

Option # _____ Name: _____ Branch: _____

Option # _____ Name: _____ Branch: _____

PLEASE – The information below is VERY IMPORTANT to fill in to enable us to mail ribbon/flag to you

Sponsor Name: _____

Sponsor Phone: _____ **Email:** _____

Sponsor Address: _____

Mail this reservation form along with your check made payable to The Guild of St. Francis Hospital to:
100 Port Washington Blvd., Roslyn, NY 11576