



Sponsor a Hero (MyHero Program)

This program is for individuals who want to sponsor a deployed hero. Whether for one month or more, you will make a difference. This a great opportunity for individuals, families and small groups.

- 1. Register:** Download the app or click the register button on our website. After registering, you'll receive a verification email. Please verify your email and sign into your account.
- 2. Sponsor:** Once you have logged into your account, click Sponsor > Sponsor a Hero and follow the instructions. Our system will instantly connect you with the next service member in line.
- 3. Shipping:** Your HeroBox is due to ship each month. PLEASE confirm each shipment through our app or website as it affects how the service members are listed in our database.
- 4. Items:** You will see your hero's requested items in your account. If they don't have any, please ask them what they want or choose from the list of commonly requested items on our website.
- 5. Boxes:** Please use medium flat rate boxes from your local Post Office or www.usps.com.
- 6. Labels:** Every HeroBox needs 3 things (available at PO); priority address label, customs form and postage. Sample customs form below. Postage can be paid at Post Office.

FROM: Sender's Last Name		FIRST NAME		Insured Amount (US \$)		SDR Value	
YOUR LAST NAME		FIRST NAME		\$. 0 0			
Business		HEROBOX		Insurance Fees (US \$)		Total Postage Fees (US \$)	
YOUR ADDRESS				\$. .		\$. .	
City		State		ZIP+4®		14. Sender's Customs Reference (if any)	
TO: Addressee's Last Name		FIRST NAME		15. Importer's Reference - Optional (if any)		16. Importer's Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> (select one)	
HERO LAST NAME		FIRST NAME		17. License No.		18. Certificate No.	
Address (Number, street, suite, apt., P.O. Box, etc.)		APO or FPO		19. Invoice No.		20. HS Tariff Number	
HERO ADDRESS		Country		AE or AA or AP		21. Country of Origin of Goods	
Postcode		City		1. Detailed Description of Contents (enter one item per line)		2. Qty. 3. Lbs. Oz. 4. Value (U.S. \$)	
State/Province		Country		SNACK		1	
5. Check One:		6. Check One:		7. Other Restrictions (pertains to No. 12)		8. Total Gross Wt. (all items Lbs. & Ozs.)	
<input checked="" type="checkbox"/> Gift		<input type="checkbox"/> Returned Goods				9. Total Value US \$	
<input type="checkbox"/> Documents		<input type="checkbox"/> Commercial Sample				30.00	
<input type="checkbox"/> Merchandise		<input type="checkbox"/> Other:				10. If non-deliverable:	
11. EEL/PFC		12. Restrictions		13. I certify the particulars given in this customs declaration are correct. This item does not contain any dangerous article, or articles prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under the Foreign Trade Regulations. Sender's Signature and Date		14. Mailing Office Date Stamp	
		<input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary or Phytosanitary Inspection		SIGN		DATE	
				UNIT CMDR			

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