



Alyson M. Feiger
SUPERVISOR

WEST DEERFIELD
TOWNSHIP

Your Community Resource for Life

Holiday Wish Sponsor Program 2016

_____ Yes! Count on my participation in the Holiday Wish Program.

_____ No, I'm sorry I cannot participate in the Holiday Wish Program this year.

Please choose:

___ Senior ___ Senior Couple

___ Family of 2-3 ___ Family of 4-6 ___ Family of 6 or more

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Work _____

Fax _____ Cell _____

Email Address: _____

Please return completed form to:

Holiday Wish Program
West Deerfield Township
601 Deerfield Rd.
Deerfield, IL 60015

Or

Fax: 847-945-3051 Attn: Gail Wiltgen Or
Email to: westdeerfield@sbcglobal.net Subject: Holiday Wish