

**WEST DEERFIELD TOWNSHIP**  
**-Holiday Wish Sponsor Program 2017**

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

**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 by November 3rd to:**

**Holiday Wish Program**  
West Deerfield Township  
601 Deerfield Rd.  
Deerfield, IL 60015  
847-945-0614  
Fax: 847-945-3051

[westdeerfield@sbcglobal.net](mailto:westdeerfield@sbcglobal.net) Subject: Holiday Wish