

WEST DEERFIELD TOWNSHIP
2018 Holiday Wish Sponsorship Program

_____ 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 _____ Cell _____

Fax: _____ Work: _____

Email Address: _____

Please send completed form by November 1, 2018 to:

Holiday Wish Program
West Deerfield Township
601 Deerfield Road
Deerfield, IL 60015

Or by email: westdeerfield@sbcglobal.net **Subject: Holiday Wish**

Or fax to: 847-945-3051 **ATTN Holiday Wish**