

WEST DEERFIELD TOWNSHIP
2019 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 ____ Family of 5 or more

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Cell _____

Email Address: _____

Please return completed form by November 1, 2019 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**