



Homer/Lockport Area Schools
HONOR CARD PROGRAM
PARTICIPATION FORM

NAME OF

BUSINESS: _____

ADDRESS: _____

PHONE: _____

TYPE OF BUSINESS: _____

YES! Please include my support in this beneficial program. I can participate in the following manner:

_____ Same as listed in last year's participant list (enclosed).

If monetary gift, do you want amount shown? _____yes _____no

Signature	Print Name	Position
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Thank you for your gift support!!! Please return this form by October 20, 2007 to:

Homer Township Chamber of Commerce
15801 S. Bell Road
Homer Glen, IL 60491

OR Fax it to: 708-301-2751

OR phone: The Chamber office at 708-301-8111

OR go on-line at www.homerchamber.com

Make checks payable to: Homer Twp. Chamber of Commerce