



ROCKFORD REGISTER STAR 2009-2010 DINING CARD ENROLLMENT FORM

CARDS PRICED AT \$25 EACH. Please send _____ cards.

Enclosed is my personal check/money order or charge to my Credit Card.

Mastercard Visa Discover American Express

Card # _____

Expiration date _____

Card verification number (the last 3 digits on the back of your card) _____

Signature _____

Phone number _____

Name (please print) _____

Address _____

City, State, Zip _____



Make check payable to Rockford Register Star and mail to:

Register Star Dining Card

Attention: FINANCE

99 E. State Street,
Rockford, IL 61104

Rockford Register Star

★ rrstar.com • *It's what you know*