



# ROCKFORD REGISTER STAR 2008-2009 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:

**Dining Club** attention: FINANCE

99 E. State St., Rockford, IL 61104

**Rockford Register Star**

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