



**Become a STAR Sponsor
With the USO of Illinois**

Order Form

Your Name _____

Address _____

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Engraving to Read:

Maximum 18 characters per line

Line 1 _____

Line 2 _____

Line 3 _____

Payment to be made by:

Check is enclosed. Check # _____

Please bill my Mastercard / Visa (please circle one)

Card # _____

Expiration Date _____

Signature _____