



Classy Can Program

Contact Name: _____

Company Name: _____

Phone Number: _____

Member: No. of Cans: __ @ \$225 = _____

Non- Member: No. of Cans: __ @ \$350 = _____

Please indicate the information you want on your sign in the box below and include your business card.

Business Card Here

Information to be on sign

**Please send Program Form and Payment to:
Baldwin Chamber of Commerce
P.O. Box 804
Baldwin, NY 11510**

With questions, please call the Baldwin Chamber of Commerce at 516-223-8080.

For Office Use Only

Date Received: _____

Check No: _____

Date forwarded to Sanitation: _____ Date installed: _____