



A PROGRAM OF THE LINCOLN CHAMBER OF COMMERCE

Name _____

Company Name _____

Address _____

Phone _____

Fax _____

E-Mail _____

Signature _____ Date _____

Your money IS somebody else's business.

COMMITMENT TO LINCOLN

Select One	Annual Commitment Level	
<input type="checkbox"/>	5%	Expenditure shift to Lincoln Businesses
<input type="checkbox"/>	10%	Expenditure shift to Lincoln Businesses
<input type="checkbox"/>	15%	Expenditure shift to Lincoln Businesses
<input type="checkbox"/>	<u>Other Amount</u>	Expenditure shift to Lincoln Businesses
Commitment Period		
check one	3 years <input type="checkbox"/>	5 years <input type="checkbox"/>

