

Please return this form by Monday November 18, if you would like to participate.

**Yes! We want to participate in the Small Business Saturday:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_



Hours of Operation on Saturday November 30: \_\_\_\_\_

\_\_\_\_\_ (quantity) Gift cards valued at \_\_\_\_\_ (\$ amount) will be provided

On Small Business Saturday we will be offering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Return to: La Verne Chamber of Commerce, PO Box 531, La Verne, CA 91750 or email to [leah@lavernechamber.org](mailto:leah@lavernechamber.org)