

Luminaria Order Form

Deadline for inclusion in the event program: May 10, 2012

Team _____

In Memory	In Honor	Name of Person Being Respected	Quantity
<input type="checkbox"/>	<input type="checkbox"/>	Of	
<input type="checkbox"/>	<input type="checkbox"/>	Of	
<input type="checkbox"/>	<input type="checkbox"/>	Of	
Your Name		Please mail this form and donation to:	Total
Address		RFL - Luminaries 184 Hilltop Dr. Hopkinsville, KY 42240	
City/State/Zip			
Phone			

Minimum Donation: \$5.00 (Night of Relay June 1, 2012: \$10.00)

Please make checks payable to:
American Cancer Society

Total amount enclosed \$ _____
Check ____ Cash ____ (Please mark)



**WOULD YOU LIKE THESE NAMES READ AT THE CEREMONY? ____ YES ____ NO

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