

A NIGHT OF REMEMBRANCE LUMINARY ORDER FORM

SUGGESTED DONATION: \$25 per luminary*

Deadline to order: Wednesday, December 2, 2015

You can order luminaries by completing this form and mailing it with suggested donation back to the address below
OR by visiting www.transitionslifecare.org/calendar and submitting your order and donation electronically

Name: _____

Address: _____

Telephone: _____ Email: _____

Would you like to subscribe to our email list? ☐ yes ☐ no ☐ already subscribed

Donation Amount: \$_____ Number of luminaries: _____

☐ My check is enclosed (payable to Transitions LifeCare)

☐ Please charge my credit card:

Credit Card Information: ☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover

**Keepsake Placards must be
picked up at one of the
services OR at Transitions
GriefCare by 02/01/16**

Card No. _____ Expiration Date: _____

Cardholder Name: _____ CCV: _____

Cardholder Address (if different from above) _____

Signature: _____

Please write your luminary commemorative message(s) below. PLEASE PRINT LEGIBLY. If you wish to order multiple luminaries, please fill out a separate message for each one. Please see the reverse side for additional space, as well as space for children and teens to write commemorative luminary messages.

*****If your luminary is in memory of a veteran of the Armed Forces, and you would like the luminary to be placed in our veteran's garden, please also indicate a branch and rank.***

In memory of: _____

Message (four lines maximum): _____

*****If Veteran*** - Branch: _____ Rank: _____

In memory of: _____

Message (four lines maximum): _____

*****If Veteran*** - Branch: _____ Rank: _____

*Your donation will ensure that Transitions GriefCare's educational programming, counseling services, and support groups are available to everyone in our community. Thank you.

Mail Form and Donation to:
Transitions GriefCare c/o Laura Bradbury
250 Hospice Circle, Raleigh, NC 27607
Questions? Please call 919-719-7199
(PLEASE SEE REVERSE SIDE)

In memory of: _____

Message (four lines maximum): _____

****If Veteran** - Branch: _____ Rank: _____

In memory of: _____

Message (four lines maximum): _____

****If Veteran** - Branch: _____ Rank: _____

If you are a Child/Teen, please write your commemorative luminary message(s) below

In memory of: _____

Commemorative message from Child/Teen (two to four sentences):

In memory of: _____

Commemorative message from Child/Teen (two to four sentences):

In memory of: _____

Commemorative message from Child/Teen (two to four sentences):

For Office Use Only:

Date Received _____	Initial _____	Date Entered _____	Initial _____	Total # Placard(s) completed _____	Date _____	Initial _____
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