

Luminaria Order Form
Relay For Life

Your Name

Address

City State Zip

Phone

I would like to order a luminaria for the following people: *(please indicate In Memory or In Honor)*

Name: _____ M or H

Name: _____ M or H

Name: _____ M or H

Name: _____ M or H

Total Contribution Enclosed: \$ _____

Requested minimum donation is \$5 per luminaria or 3 for \$10

Method of Payment:

Check - Please make checks payable to:
The American Cancer Society

Credit Card - Please fill out the information below

Circle one: VISA MASTERCARD
DISCOVER

Card Number: _____

Expiration Date: _____

Your donation is tax deductible

Please phone in your order to 895-4445 or mail in this form with your donation to:

Devra Millgan
Relay For Life
P.O. Box 972
Delta Junction, AK 99737