

Candles Casting Light

Rekindling emotion-filled memories of loved ones, friends, and survivors touched by cancer



Relay For Life offers the opportunity to remember people who have lost their lives to cancer and honor those who have won their battle by brightening the night with the glow of illuminated bags called Luminaria. All represent someone special who has been profoundly affected by cancer, and the family and friends who continue to fight back in their honor.

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You may choose three different Lu	uminaria to light the night at Relay For Life of Prince	e George:
White Luminaria Bag - \$	25to remember / honor those affe 10to remember / honor those affe 17to support a Caregiver	
Please light the night in memory of will benefit the American Cancer S	of or in honor of my loved one who has been touched Society.	by cancer. I understand all proceeds
Please print clearly in ALL CAPS Donor's Name		
Address		
City, State, Zip		
Phone ()	Email:	
	nformation on reverse side of this card	
RELAY FOR LIFE American Canter Society	Candles Casting Light Rekindling emotion-filled memories of loved ones, friends, and survivors touched by cancer	Runt Comments
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Please light the night in memory of will benefit the American Cancer S	of or in honor of my loved one who has been touched Society.	by cancer. I understand all proceeds
Please print clearly in ALL CAPS Donor's Name		
Address		

Please fill out Luminaria information on reverse side of this card

City, State, Zip_____

Phone (Email:

Luminary #1:	☐ In Honor	of 🗆 In	Memory of	☐ In Support of (caregiver)
Name as	you want it to	appear on the bag	(Please print)	
т.	una of Tuiburtou	D to Cold Dog	` '	
1	ype of Tribute:	■ \$25 Gold Bag	☐ \$10 White Bag	
-			=	☐ In Support of (caregiver)
Name as	you want it to	appear on the bag	(Please print)	
			□ \$10 White Bag	
			•	
Total Donated:	\$	Please mak	re checks payable to t	he American Cancer Society
Please indicate Team Name:	for credit:		Individual Team Mer	mber's Name
Please return co	ompleted form	with your payme	nt to a Relay For Life	team member or mail to:
		Attn: Relay For American Canc 4240 Park Place Glen Allen, VA	e Court	•
	estions, please ca			r information. To view our full privacy policy or if t cancer.org and click on the "privacy" link at the
Luminary #1:	☐ In Honor	of 🔲 In	Memory of	☐ In Support of (caregiver)
Name as	you want it to	appear on the bag	(Please print)	· · · · · · · · · · · · · · · · · · ·
т,	upo of Tributo:	☐ \$25 Gold Bag	(Please print)	
',	ype or moute.	■ \$25 Cold Bag	■ \$10 Wille bag	
-			-	☐ In Support of (caregiver)
ivame as	you want it to	appear on the bag.	(Please print)	
T	ype of Tribute:	☐ \$25 Gold Bag	☐ \$10 White Bag	
Total Donated:	\$	Please mak	re checks payable to t	he American Cancer Society
Please indicate			Individual Toam Mor	nber's Name
Please return co	ompleted form	with your payme	nt to a Relay For Life	team member or mail to:
		•		orge

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