

ORDER FORM

Check One (required):

_____ **MEMORY**
_____ **HONOR**
_____ **PRAYER**

(Only one name per luminary, please.)

Honoree's name as it should appear on the luminary bag:

Your name as it should appear on the luminary bag:

Please use a new sheet for additional luminaries.

Your Phone (required): _____

TEAM Name (if applicable):

Amount enclosed: \$_____

Please send you form with payment to:

San Felipe Cancer Society
PMB 465, P.O. Box 9019
Calexico, CA 92232

Donations can be made at our website: www.sanfelipecancersociety.org