

Saturday, September 28, 2024 Luminaria Order Form

Please print clearly and circle **M** if your luminaria is in **Memory** of someone who is deceased or **H** if your luminaria is in **Honor** of someone who is still living.

To order more than 12, please enclose an additional piece of paper.

1.M/H	7. M/H
2. M/H	
3. M/H	
4. M/H	
5.M/H	
6. M/H	
I would like to r Total amount er Print my name in the program of Luminarias ord	luminaria(s) at \$15 each: \$ nake an additional gift of: \$ nclosed or charged to my card: \$ OR □ I prefer to be anonymous. Hered after September 16th will be placed at the event, the acknowledged in the program due to the printing deadline.
Name:	
Address:	
•	State: Zip: Phone:
Email:	
•	sa Mastercard American Express Discover
Name on Card:	
CC#:	Expiration: Security Code: