



# LUMINARIA FORM

Event Site Name Line  
Cityname, ST Line  
Month 00-00, 2003 Line  
0:00 a.m. to 0:00 p.m. Line

1.800.123.4567 x0000  
Fax: 123.456.7890 Line  
Luminarias can be  
purchased for: \$0.00 Line

By completing this form, I am lighting the path of hope by purchasing a Luminaria on someone's behalf.

My gift honors the life of: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

Your Name: \_\_\_\_\_

Team Name or Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relay location where you would like the Luminaria placed: \_\_\_\_\_

Total amount of donation \$ \_\_\_\_\_  AMEX  Visa  MC  Disc

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*In order to reduce processing fees, we ask for a minimum donation of \$25 with the use of credit cards.*

**American Cancer Society** Mailing Address Cityname, ST 12345-6789 Line

**Get involved. Cancer Information** 1.800.ACS.2345 [www.cancer.org/relay](http://www.cancer.org/relay)

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