



Luminaria Order Form

American Cancer Society
Relay For Life of Cheshire
Cheshire High School Track

\$5.00 Minimum Contribution Per Luminaria

*** Please Print Clearly ***

In Memory Of

In Honor Of

- | | |
|-----------|-----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. _____ | 10. _____ |

Your Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Total Amount Enclosed: _____

**Cash [] Check [] Check Number: _____
(Check Payable to American Cancer Society)**

Return this form to Headquarters