2016 RELAY FOR LIFE OF CHESTERFIELD COUNTY LUMINARIA FORM

(each luminaria requires a \$10.00 donation)

YOUR NAME		
	(Given By)	
ADDRESS		
CITY	STATE	ZIP
IN MEMORY OF		
IN HONOR OF		
AMOUNT ENCLOSED \$_		
If you wish to have an acknowle	dgment card sent, please pr	ovide name and address:
,		
PLEASE PRINT CLEARLY		
There will be hundreds of candle patient. Candles displaying the rebe lighting the track just after Football Stadium. This will be a like you to participate in this yea one or in "honor" of a survivor.	names of all those being ren sunset on April 29, fa meaningful and inspiration	nembered and honored will t Chesterfield High School nal ceremony, and we would
	Team N	ame

Make checks payable to: American Cancer Society