



AMERICAN CANCER SOCIETY RELAY FOR LIFE
LUMINARIA ORDER FORM

RELAY FOR LIFE – CLEVELAND COUNTY –SHELBY

RelayForLife.org/ShelbyNC

May 20, 2016

Cleveland County Fairgrounds

When the sun goes down at every American Cancer Society Relay For Life event, hope shines the brightest. During the Luminaria Ceremony hundreds of luminaria lights the track to celebrate the lives of those who have battled cancer, remember those who have lost their battle, and fight back against a disease that has taken too many. This ceremony of light symbolizes the hope and perseverance with which we all continue the fight.

You can give to the American Cancer Society and keep the flame of hope lit by ordering a luminaria in memory of someone lost to cancer or in honor of someone still fighting or who has beaten the disease.

The suggested luminaria donation is \$10.00 each. Please send your tax-deductible donation, payable to: American Cancer Society

Shannon Davis
115 Pepper Drive
Kings Mountain NC 28086
stdavis@carolina.rr.com

Please join us for our Luminaria Ceremony, which will be held at 9:30pm on May 20, 2016.

NAME (Please print neatly as name should appear on the luminaria)

- 1. _____ [] MEMORY [] HONOR
2. _____ [] MEMORY [] HONOR
3. _____ [] MEMORY [] HONOR
4. _____ [] MEMORY [] HONOR
5. _____ [] MEMORY [] HONOR

For a donation of \$100.00, remember or honor your loved one at your campsite with a tribute (tiki) torch displaying the name and picture of your loved one. Please include picture (which will be enlarged and laminated) with your donation.

Reserved tribute torches may be picked up from the Luminaria Information booth near the stage the day of Relay.

I would like a tribute torch lit for _____ [] MEMORY [] HONOR
Type of Cancer(s): _____

Income from the luminarias and tribute torch purchased will be credited to the Relay team you indicate. Your cancelled check will serve as a receipt for your tax-deductible contribution.

Please join us in lighting the way in the fight to conquer cancer.

Team Name/Captain: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____