

We're lighting the way to a cure!

Join your community in an overnight fight against cancer! The American Cancer Society's Relay For Life of LHS will be held from 6 p.m.- 6 a.m., on April 19, 2013, at LHS Track

Help support the goals of the American Cancer Society and honor a loved one by donating a luminaria. Luminaria are being offered now through April 19. On that date, at 9 pm, the luminaries will shine brightly in a special ceremony at dark, during the annual Relay For Life of LHS.

For a donation of your choice, you can dedicate a glowing tribute to someone who has been affected by cancer. Please join us to take part in that special ceremony to recognize these individuals.

Proceeds from the luminaria sales will benefit the Relay For Life of LHS and the American Cancer Society, which is dedicated to eliminating and preventing cancer and saving lives through research, education, advocacy, and service.

For more information about the Relay For Life or to find out how you can get involved, please call the American Cancer Society at 1-800-ACS-2345. To purchase a luminaria and help light the way to a cure, please complete the reverse side.

For more information about luminaria, please contact Mackenzie Miller at 972-832-4564.



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Luminaria Order Form

Relay For Life of LHS

April 19-20, 2013 LHS Track

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PLEASE PRINT

Vour Name

Your Marrie	•	
Address:		
		Zip:
Phone #:		
In Memory	of:	
(Some	eone who as lost his	or her battle with cancer.)
Or		
In Honor o	f:	
(Some	eone who is a cance	r survivor.)
Total Contri	bution Enclose	ed: \$

Please make check payable to:

Suggested minimum \$10.00 donation per luminaria.

The American Cancer Society

Your donation is tax deductible.

Please return your completed form & contribution to:

Mackenzie Miller at 972-832-4564

Luminaria will also be available at team captain meetings and the night of the event.

Purchase online: RelayForLife.org/LovejoyHSTx

PLEASE PRINT

Your Nam	e:		
Address: _		<u>.</u>	
		Zip:	
Phone #: _			
Team Nan	ne y of:		
		or her battle with cancer.)	
Or		,	
In Honor	of:		
(Soi	meone who is a cancer	survivor.)	
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PLEASE PRINT

Your Name: ______

Address:			
City:St: Zi	p:		
Phone #:			
Team Name			
In Memory of:			
(Someone who as lost his or her battle with cancer.)			
Or			
In Honor of:			
(Someone who is a cancer survivor.))		
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