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| C:\Users\Owner\Documents\My Book\Relay\pic00778.jpg**Relay For Life**  **of River Falls - Pierce County**  **River Falls High School**  **Luminaria Ceremony – Friday at 9:30pm**  *LIGHT THE WAY WITH HOPE*  A Very Special Luminaria Ceremony is planned  Your $10.00 donation per bag will place a  Luminary along the pathway to ***memorialize*** or ***honor*** someone you love. Personalize messages and/or pictures can be added to the Luminaria along with the individual’s name.  **NAME to be put on EACH bag:**  Bag 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please  circle: IN HONOR OF IN MEMORY OF  message:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bag 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please  circle: IN HONOR OF IN MEMORY OF  message:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Team Name (if  applicable)  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Thank you for your support!**  Make your check payable to:  **American Cancer Society**  and mail this form to:  (bags also available at event)  **Kelcie Paul**  **957 County Road T**  **Hammond, WI 54015** | C:\Users\Owner\Documents\My Book\Relay\pic00778.jpg**Relay For Life**  **of River Falls - Pierce County**  **River Falls High School**  **Luminaria Ceremony – Friday at 9:30pm**  *LIGHT THE WAY WITH HOPE*  A Very Special Luminaria Ceremony is planned  Your $10.00 donation per bag will place a  Luminary along the pathway to ***memorialize*** or ***honor*** someone you love. Personalize messages and/or pictures can be added to the Luminaria along with the individual’s name.  **NAME to be put on EACH bag:**  Bag 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please  circle: IN HONOR OF IN MEMORY OF  message:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bag 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please  circle: IN HONOR OF IN MEMORY OF  message:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Team Name (if  applicable)  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Thank you for your support!**  Make your check payable to:  **American Cancer Society**  and mail this form to:  (bags also available at event)  **Kelcie Paul**  **957 County Road T**  **Hammond, WI 54015** |