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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 plannedYour $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 OFmessage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bag 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please circle: IN HONOR OF IN MEMORY OFmessage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 plannedYour $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 OFmessage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bag 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please circle: IN HONOR OF IN MEMORY OFmessage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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** |