

ILLUMINATION of LOVE

I am dedicating...
_____ light(s) at \$5 per light.

Your Name _____

Street Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

PAYMENT OPTIONS

Enclosed is my check made payable to **St. John's Foundation**, subject line: **IOL 24** OR please charge \$_____ to my: Visa MasterCard

Card Number: _____ Expiration: _____ CW: _____ AMEX Discover

Please mail this completed form and your check (if applicable) to: **150 Highland Avenue, Rochester, NY 14620**

LIGHT 1

I am dedicating a light for: _____
Name of person being honored or remembered

Send acknowledgement card to:

Name _____

Street Address _____ City _____ State _____ ZIP _____

Your name as it should appear on an acknowledgement

LIGHT 2

I am dedicating a light for: _____
Name of person being honored or remembered

Send acknowledgement card to:

Name _____

Street Address _____ City _____ State _____ ZIP _____

Your name as it should appear on an acknowledgement

LIGHT 3

I am dedicating a light for: _____
Name of person being honored or remembered

Send acknowledgement card to:

Name _____

Street Address _____ City _____ State _____ ZIP _____

Your name as it should appear on an acknowledgement