ILLUMINATION of **LOVE** am dedicating... light(s) at \$5 per light. Your Name Street Address City State ZIP Phone Number **Email Address PAYMENT OPTIONS** ☐ Visa ☐ MasterCard ☐ Enclosed is my check made payable to **St. John's Foundation**, subject line: **IOL 23** OR please charge \$_____ to my: ☐ AMEX ☐ Discover Expiration: ____ CW: Please mail this completed form and your check (if applicable) to: 150 Highland Avenue, Rochester, NY 14620 LIGHT I am dedicating a light for: Name of person being honored or remembered Send acknowledgement card to: Name Street Address City State 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 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

LIGHT 4	l am dedicating a light for:		
Send acknowledgement card to:		Name of person being honored or remembered	
Name			
Street Address	City	State	ZIP
Your name as it should appear on	an acknowledgement		
LIGHT 5 Send acknowledgement card to:	l am dedicating a light for:	Name of person being honored or ren	nembered
Name			
Street Address	City	State	ZIP
Your name as it should appear on	an acknowledgement		
LIGHT 6 Send acknowledgement card to:	l am dedicating a light for:	Name of person being honored or remembered	
Name			
Street Address	City	State	ZIP
Your name as it should appear on	an acknowledgement		
LIGHT 7 Send acknowledgement card to:	l am dedicating a light for:	Name of person being honored or remembered	
Name			

Your name as it should appear on an acknowledgement