Luminaria Order Form

TO BE COMPLETED BY THE TEAM MEMBER

In Honor of: (PLEASE PRINT CLEARLY)	Ordered by: (PLEASE PRINT CLEARLY)	Number of Luminaries	Money Total ($5 per)

NUMBER OF LUMINARIA _____

GRAND TOTAL $ _____

Checks should be written to Marathon for a Better Life

Marathon for a Better Life

PO Box 268, Warnerville, NY 12187

(518)291-9238