

PRINT & SEND TO VMH Volunteer Services: 507S. Main St. Viroqua, WI 54665

Donor Name: _____

Phone: _____ **Email:** _____

_____ # In Honor + _____ # In Memory X \$5 per light = Total \$ _____

_____ Cash _____ Check Enclosed Payable to: **Friends of VMH**

Please print names of Lovelights as you wish them to appear below.

In Honor of: _____

In Memory of: _____
