

 **CLIP IT & SEND IT TO VMH Foundation: 507 S. Main St. Viroqua, WI**

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: _____
