



# Lights of Love

\$3.00 Per Light, Per person (Please Print)

In Recognition of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Make checks Payable to: **OSF ST. FRANCIS HOSPITAL AUXILIARY**

Mail to:  
**Attention: Lights of Love**  
**OSF St. Francis Hospital Auxiliary**  
**3401 Ludington Street**  
**Escanaba, Michigan - 49829**



**Thank You!**