MEMBERSHIP DONATION	Name			
Please specify amount \$00	Address			
Friend of the Light, \$25 - \$49 Supporter of the Light, \$50 - \$99	CityStateZip_		Zip	
Keeper of the Light, \$100 - \$499 Sentinel of the Light, \$500 or more	Phone			
********	Email			
DONATION IN HONOR OF	Check	Visa	_Mastercard	American Express
(Name) Donation Amount: \$ 00	Account Number	r		Exp. date
********	Signature			<del>-</del>
DONATION IN MEMORY OF				
(Name) Donation Amount: \$00	Please mail to:	SAVE THE LIGHT, INC. P.O. Box 106		(843) 633-0099
********		Folly Beach, S	SC 29439	www.SaveTheLight.org