

MEMBERSHIP DONATION

Please specify amount \$ _____ .00

- Friend of the Light, \$25 - \$49
- Supporter of the Light, \$50 - \$99
- Keeper of the Light, \$100 - \$499
- Sentinel of the Light, \$500 or more

DONATION IN HONOR OF

_____ (Name)

Donation Amount: \$ _____ .00

DONATION IN MEMORY OF

_____ (Name)

Donation Amount: \$ _____ .00

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

_____ Check _____ Visa _____ Mastercard _____ American Express

Account Number _____ Exp. date _____

Signature _____



Please mail to:
SAVE THE LIGHT, INC.
P.O. Box 12490
Charleston, SC 29422