

2021 Festival of Lights Celebration

Please Print

Name of Person(s) Purchasing Light(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

STRING OF LIGHTS:

_____ \$ 250+ Yellow Light
_____ \$ 150 Orange Light
_____ \$ 100 Blue Light
_____ \$ 50 Green Light
_____ \$ 25 Red Light
_____ \$ 10 White Light

QUANTITY:

_____ Total donation included

IN HONOR OF _____
(list name as you would like it displayed on the *String of Lights*)

IN MEMORY OF _____
(list name as you would like it displayed on the *String of Lights*)

Other _____
(list name as you would like it displayed on the *String of Lights*)

Please send this form with your check made payable to:
Claymont Community Center
3301 Green Street Claymont, DE 19703
Or you can pay online at ClaymontCenter.org

Number of people attending event _____

The purchase of a light or any donation amount is greatly appreciated but not required to attend the event.

If you would like a letter sent to the family of the person you are remembering or honoring, please provide the following information:

Name _____

Address _____

City _____ State _____ Zip _____

If you have any questions, please call 302 792-2757 or email us at info@ClaymontCenter.org