

2019 Luminary Order Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Luminaries are \$20 each or 6 for \$100.

To be included in the printed program, orders must be received by **December 6, 2019.**

Number of luminaries to be purchased: _____

- My luminary/luminaries are **in memory** of a service member: (list name(s) below)

- My luminary/luminaries are **in honor** of a service member: (list name(s) below)

PAYMENT INFORMATION:

Please make checks payable to the **National D-Day Memorial Foundation**

To pay by credit card, complete the information below:

- Visa AMOUNT: \$ _____
- MasterCard
- American Express CARD NUMBER: _____
- Discover EXPIRATION DATE: _____ / _____

Contributions to the National D-Day Memorial Foundation are tax-deductible in accordance with IRS regulations.

Please mail completed order form and payment information to:

National D-Day Memorial Foundation

P.O. Box 77

Bedford, VA 24523

Please contact our administrative office with any questions at (540) 586-3329 or send email to giving@dday.org.