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| **Cheshire's Lights of Hope** |
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| **Street Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Street Captain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Please submit a copy of this sheet with your order form to CLoH. Keep a copy for your records to distribute the luminaries.*** |
| **Neighbor's Name** | **Neighbor's Address** | **Phone Number** | **E-mail** | **Number of Kits** | **Amount Paid**  | **Notes** |
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