

## Cheshire's Lights of Hope

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

Total # of Kits
Amount \$ Collected