



Love Lights

ORDER FORM

Submitted By: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

NAMES OF THOSE REMEMBERED	HOW MANY?	\$25 EACH SUGGESTED DONATION	TOTAL

Complete this form & mail with payment to: **HARPER COUNTY HEALTH FOUNDATION**
485 N KS HWY 2, ANTHONY, KS 67003

OR drop it off at Patterson Health Center or the Attica, Anthony or Harper Wellness Centers.

You may also register online at: WWW.HCOHF.ORG

TOTAL