

Sioux Lookout Rotary

ICE CANDLE

ORDER FORM

I wish to purchase _____candle(s) at a cost of $10.00 each in memory of:

Name: Location:

Name: Location:

Name: Location:

Name: Location:

1. **Sacred Heart/Northway Cemetery**
2. **St. Andrew's Church**
3. **Legion Plot**
4. **St. Mary's Church**
5. **Hillcrest Cemetery**
6. **Sacred Heart Church**

Total Paid: _____ Cash _____Cheque payable to **Rotary Club of Sioux Lookout**

_____ EMT to **siouxrotary@gmail.com**

Purchaser's Name & Phone # _____

Candles will be placed and lit during the
CANDLELIGHT Memorial Services
Date: TBA and Weather permitting

Light a Candle in Memory of Those Who Cannot be with us During the Holidays

Return form by email to siouxrotary@gmail.com
For more information, please contact Lawrence Durante @ 737-1673