



AMOUNT: \$ _____

☐ I have enclosed a check payable to "CANDLES Inc." ☐ Charge my Visa/MasterCard.

Card # _____ Exp. Date (MM/YY) ____ / ____ 3 digits on back ____

Name on Card _____ Billing Address (if different from above) _____

☐ I am/my business is interested in serving as a sponsor for future CANDLES events.

☐ I am/my business is interested in bringing Eva Kor to speak to my community.

Thank you for helping us illuminate the world with hope, healing, respect, and responsibility!

Name _____

Address _____

Phone _____

Email _____

☐ I would like to make a tax-deductible donation. ☐ Please make donation
anonymous

Q1 2016-11-02