



# Light a Life

## Walk of Remembrance

TO BENEFIT COMMON GROUND GRIEF CENTER

**DATE: Saturday, November 26th, 2016**

**Rain Date: December 3rd, 2016**

**WHERE: Downtown Manasquan**

**TIME: Between 4pm-8pm**

**DONATION FOR LUMINARY: \$10.00**

**WHAT IS IT?** *Purchase a luminary in memory or honor of a special person. The name of that person will be included on the luminary along with an electric candle inside. Luminaries will be lit between the above mentioned hours.*



### **Four easy ways to order luminaries:**

1. Online at [www.commongroundgriefcenter.org](http://www.commongroundgriefcenter.org)
2. Make a check payable to *Common Ground* and mail to Common Ground, 67 Taylor Ave., Manasquan, NJ 08736
3. Visit *Squan Family Dentistry* at 54 Broad St., Manasquan (*Monday through Thursday 8am-6pm*)
4. Visit *Bouquets To Remember* at 123 Main St., Manasquan (*Tues-Fri: 10am-5:30pm; Sat: 10am-5pm*)

**Together, in remembrance,  
we can light up  
the town of Manasquan!**

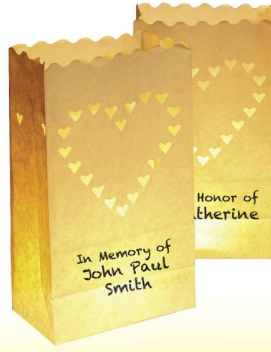
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**IN COLLABORATION WITH THE MANASQUAN CHAMBER OF COMMERCE**

Common Ground Grief Center is a 501(c)3 nonprofit organization which provides on-going peer support groups for children, teenagers and their families who are grieving the loss of a parent, sibling or friend. The Center provides services free of cost to all participating families. Common Ground is supported solely by private donations through individuals, corporations, foundations, grants and fundraisers.



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## Light a Life, Walk of Remembrance ORDER FORM

First Name

Last Name

Address

City

State

Zip

Telephone Number

**In Memory Of:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**In Honor Of:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Please use the back of sheet for additional names*

Quantity: \_\_\_\_\_ **X** \$10.00 = Total Amount Due: \_\_\_\_\_

**METHOD OF PAYMENT (please select from below):**

CASH

CHECK (Please make payable to: Common Ground)

CREDIT CARD (please select one):  American Express  Visa  Mastercard  Discover

Name on Card

Credit Card Number

Exp. Date

Billing Address (If different than above)

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