

Medallion Ball Grandparent Listing Form

Please print clearly

Name of honored grandparents: _____

Name of children/grandchildren (Please list in order you wish them to appear in the program):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

DONATED BY:

Name of donor _____

Address of donor _____

Phone number of donor _____

Email of donor _____

CONTRIBUTION: (\$20 per listed grandchild)

Contribution Amount _____ Date _____

Please make checks payable to St. Lucy's Auxiliary to the Blind.

Mail to: **Attn: 2023 Medallion Ball**
PO Box 38324
Pittsburgh, PA 15238