

Name, phone, and email:

Calendar date of donation: \_\_\_\_\_

Reason for donation:\_\_\_\_\_

(in memory of, in celebration of, with sympathy for, in honor of, etc.)

## Please check one:

- □ I will provide the flowers, please call to remind me
- □ I will put \$20.00 (check or cash) and this form in the envelope next to the flower chart in fellowship hall

## Thank you for participating in our flower ministry

## If submitting by mail, please print, fill out, and return this form along with your check to:

