FLOWER REQUEST FORM FOR SUNDAY WORSHIP					
Today's Date:		Your Special Worship Service Date :			
Requested by:		Day Phone No.:		E-Mail:	
In: ☐ Memory ☐ Honor ☐ Celebratio	n				
Announcement to be printed in the bulletin:					
Using Church's Florist (Cost is \$45)	Yes	Received	Ck#	Prepayment of all flower orders is required.	
Special Arrangement Request: (flowers, color, type)					
Using Own Florist	Yes	Your florist must deliver flowers on Saturday, (one day prior) by 11:00 a.m.			
☐ YesI would like to donate my flowers to the church's flower ministry program.					
□ NoI will pick-up my flowers after the last service.					