ALTAR MEMORIAL FLOWERS FOR 2011

A) Select your date from the sign-up sheet at left.
B) PRINT your name on that sheet
C) Circle **'yes'** or **'no'** for sharing your date
D) Take **ONE OF THESE FORMS FOR EACH DATE** and complete ALL information
E) Return this form to the **FINANCIAL ADMINISTRATOR** along with your **check for $60.00**

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1. Your Name_____

   Your Telephone: (__ __ __) __ __ __ - __ __ __ __

2. Date selected: _____ Share? YES NO
   Month Date

3. Flowers are given to the Glory of God and in
   …. Loving memory of (LMO) Thanksgiving for..(TF)

LMO	TF	Name(s) of person(s) to be remembered:
_____	___	_____
_____	___	_____
_____	___	_____

After the Sunday services, flowers are used in the chapel for the Wed. Service, or taken to sick and shut-in members of the parish unless otherwise specified. List special instructions here:

_____

_____

4. **Please attach your check for $60,** payable to "Holy Cross Episcopal Church" and mark it for "FLOWER GUILD"

5. Please specify the type(s) of flowers you would like in the arrangement. *Please Note: If you choose a more expensive flower, you may be asked to pay extra.*

_____

_____

_____ I'd like the Flower Guild to choose

Office Use Only
Paid? _____
Check #_____
By: _____