

Donor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### HOLIDAY FLOWER FUND

Christmas 2019

In Loving Memory of:

In Celebration of:

_____	_____
_____	_____
_____	_____

Easter 2020

In Loving Memory of:

In Celebration of:

_____	_____
_____	_____
_____	_____

### 2020 SUNDAY FLOWER FUND

In Loving Memory of: (names)

Date:

_____	_____ , 2020
_____	_____ , 2020
_____	_____ , 2020

In Celebration of: (names & occasion)

Date:

_____	_____ , 2020
_____	_____ , 2020
_____	_____ , 2020

*Suggested Donation: \$60.00 per date. We appreciate your support.*

### ST. JOHN'S CHURCH FLOWER FUND

Post Office Box 266

Cold Spring Harbor, New York 11724