

PLEASE
COMPLETE
FORM AND
RETURN TO
CHURCH
OFFICE



Flower Ministry

Display Date: _____

Today's Date: _____

Circle Requested Worship Space: Sanctuary or Fellowship Hall

Donor's Name: _____

Phone Number: _____

In Honor of: _____

In Memory of: _____

1 Arrangement for \$20.00
Checks may be made out to NLPC

Paid by Check # _____

PLEASE ORDER TWO WEEKS PRIOR TO REQUESTED DATE