

PLEASE LIST NAMES: (Please print plainly)

IN MEMORY

OF: _____

IN HONOR OF: _____

GIVEN BY (Your

Name): _____

Phone #: _____

Amount Enclosed \$ _____

_____ Quantity of Easter Lilies ordered

_____ I wish to pick up my Easter Lily after the 10:00 a.m. Service on Easter Sunday.

_____ I would like my Easter Lily to be taken to a shut-in or to McCormick Health Care Center.