

# ALTAR FLOWERS FORM

Altar flowers for Sunday, \_\_\_\_\_

Name and address of donor to be billed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wording desired for Sunday Bulletin.** *(Please try to have no more than 40 words.)*

*Flowers on the altar today are given to the glory of God . . .*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wish altar guild to order special flowers.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Wish to take the flowers after service.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Person to contact in case of questions:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return this form, as soon as possible, to **Ellen Griewahn** at the church office or mail to 2799 Northside Drive, NW, Atlanta, GA 30305.

*You will receive a post card in the mail with the price of the flowers.*