



Flower Request Form

Date request is for: _____

If another arrangement is already scheduled for the date requested please:

- Provide a matching arrangement
- Notify me so that an alternate date may be selected

Dedication: *To the Glory of God and*

- In loving memory of _____
- In celebration of _____
- In honor of _____

Given by: _____

Disposition: To Shut-in Will take

Special Instructions: _____

Contact: _____ Phone Number: _____

The cost of each Sunday flower dedication is \$35.
Completed form and payment must be sent to the church's attention with a notation
"Flower Fund" and be received a minimum of 3 weeks prior to the requested date. Mail to:

**First Congregational Church
United Church of Christ
31 Maple Street
Bristol, CT 06010**

Thank you.

Please call the Church Office with questions - 583-6597.