



# *Easter Lilies 2022 Order Form*

First United Methodist Church is now receiving requests for Easter Lilies. The Easter Lilies will remain in the Sanctuary for our viewing pleasure until Easter Sunday. You may pick up your lilies after the Easter Service.

Please complete the form below and mail or deliver with your \$10 per lily to the church office at 406 West Shirley Street or to P.O. Box 965. You may also put this form along with your payment in the offering plate.

*Final date to accept requests is Sunday, April 10, 2022.*

## **1. I would like to order Easter Lilies for the following:**

**Please Circle One:**    In Honor of    In Memory of    Donate to the Homebound

**Please Notify:**

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_

*Use the back of this form if necessary.  
Payment must accompany this form.*



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**Please Notify:**

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_

*Use the back of this form if necessary.  
Payment must accompany this form.*

2. I would like to order Easter Lilies for the following:

Please Circle One:    In Honor of    In Memory of    Donate to the Homebound

Please Notify:

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_

3. I would like to order Easter Lilies for the following:

Please Circle One:    In Honor of    In Memory of    Donate to the Homebound

Please Notify

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_

2. I would like to order Easter Lilies for the following:

Please Circle One:    In Honor of    In Memory of    Donate to the Homebound

Please Notify:

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_

3. I would like to order Easter Lilies for the following:

Please Circle One:    In Honor of    In Memory of    Donate to the Homebound

Please Notify:

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

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

City, State, Zip: \_\_\_\_\_

Given by: \_\_\_\_\_

Phone No. \_\_\_\_\_