

# *Easter Lilies 2023 Order Form*

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First United Methodist Church is accepting orders for Easter Lilies! The Lilies will be in the Sanctuary for our viewing pleasure on Sunday, April 9th. You may pick up your order immediately following the Easter Sunday service. Please complete the form below and deliver with your \$12 to the church office. You may also mail it to us at P.O. Box 965, OR put this form along with your payment in the offering plate on Sunday. Thank you!

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*Final date to accept requests is Sunday, April 2, 2023.*

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

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

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**Please Notify:**

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

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

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

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

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

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

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

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

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

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

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

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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

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### **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

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### **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

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### **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

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### **Please Notify**

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

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

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

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

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