



Holy Cross Catholic Church
Easter Flowers



(Please **PRINT** all Information)

Name _____

Phone _____

Please check one box.

In loving memory of,

In honor of,

Given by _____

OR

____ I wish to make an anonymous donation for the flowers.

Please mail this form to the church office or place in the offertory baskets along with your donation.

All forms are due by March 31st

Questions: Contact Kaky Bowden at

kbowden@holycrosslynchburg.org or the church office.