

NEVER TOO EARLY TO THINK ABOUT.....

EASTER LILIES AND MEMORIALS

If, in memory of a loved one, you wish to make a contribution toward a EASTER LILY which will be used to beautify the sanctuary on Easter Sunday, April 21, please fill out the required form below. These flowers are intended for delivery to our shut-ins and homebound members. To avoid confusion concerning their distribution after our worship service, the following information will assist the Deacons.

Do you wish to **DONATE** the LILY? _____

Do you wish to **TAKE** the LILY with you? _____

**YOUR MEMORIAL SHOULD BE IN THE CHURCH OFFICE BY
Sunday, March 31, 2019**

In memory/honor of _____,
I wish to contribute \$_____ for THE MEMORIAL FLOWER FUND
(Hospital Flowers) (\$10.00 is recommended amount for each plant)

I would prefer my contribution go to the following fund:

SCHOLARSHIP FUND _____ **MUSIC** _____

RESTORATION/MAINTENANCE _____

MERCY TOUCH ORPHANAGE _____

*******CAMP CLAIRE: CAMPERSHIP** _____

MAINTENANCE _____

BEAUTIFICATION _____

FAITH FORMATION _____

Name: _____

Address: _____ Phone: _____

*********For all contributions going to Camp Claire Funds, the form goes to First Church. **The checks are to be made out to Camp Claire** and either send your check directly to Camp Claire, Inc., P.O.Box 702, Lyme, CT 06371 or attach to the form being given to First Church and we will forward the checks to Camp Claire.

FOR ALL OTHER CONTRIBUTIONS, PLEASE MAKE CHECKS PAYABLE TO FIRST CONGREGATIONAL CHURCH, 62 COLONY ST, MERIDEN, CT 06451 AND LABEL "LILY" OR NAME OF FUND. IF YOU ARE DONATING TO MORE THAN ONE FUND, THERE NEEDS TO BE A CHECK FOR EACH INDIVIDUAL FUND. THANK YOU!!



For office use:
Check # _____
Date: _____

POINSETTIA AND MEMORIALS

If, in memory of a loved one, you wish to make a contribution toward a POINSETTIA which will be used to beautify the sanctuary on Christmas Sunday, December 16th, please fill out the required form below. These flowers are intended for delivery to our shut-ins and homebound members. To avoid confusion concerning their distribution after our worship service, the following information will assist the Deacons.

Do you wish to **DONATE** the poinsettia? _____
 Do you wish to **TAKE** the poinsettia with you? _____

**YOUR MEMORIAL SHOULD BE IN THE CHURCH OFFICE BY
 SUNDAY, DECEMBER 2nd, 2018**

In memory/honor of _____, I
 wish to contribute \$_____ (**\$12.00** is recommended amount) for a poinsettia.

I would prefer my contribution go to the following fund:

MEMORIAL FLOWER FUND (Hospital Flowers) _____

SCHOLARSHIP FUND _____ **RESTORATION/MAINTENANCE** _____

MERCY TOUCH ORPHANAGE _____ **FAITH FORMATION** _____

<p>*****CAMP CLAIRE: CAMBERSHIP _____ MAINTENANCE _____ BEAUTIFICATION _____ *****<u>These checks should be made out to: Camp Claire, Inc.</u></p>

OTHER _____

Name: _____

Address: _____ Phone: _____

PLEASE MAKE CHECKS PAYABLE TO FIRST CONGREGATIONAL CHURCH AND LABEL "POINSETTIA" OR NAME OF FUND. SEPARATE CHECKS FOR EACH FUND.
 THANK YOU!!