

# Flowers

I wish to donate flowers for a worship service  
during the 2024 summer season at the  
**Holloway Memorial Chapel**  
(Please pickup your flowers  
following the service.)

IN HONOR OF:
IN MEMORY OF:
SUNDAY PREFERRED:
ALTERNATE DATE:
NAME:
ADDRESS:
TELEPHONE:
Email: _____
Donation per arrangement: \$75.00

Make Checks payable to:  
**Holloway Memorial Chapel**

**c/o Carolyn Miller**  
180 Homewood Avenue,  
Port Colborne, Ontario. Canada  
L3K 5M3