

Flower Donation Form

Wedding/Event Date: _____ Time: _____
Name of Bride/Event: _____
Flower Pickup Date: _____ Time: _____
Name of Venue: _____
Location of Pick up: _____
Event Planner/Florist/Contact: _____
of arrangements: _____
Name of Bride/Groom/Donor for Cards: _____
Email address or contact to thank them: _____

Below for office use only:

Flower Angel Pickup driver: _____
Wedding Pickup Date: _____ Time: _____ Confirmed: _____

I agree to donate \$250 to Flower Angels USA for the service of picking up, re-purposing and delivery of my wedding flowers. This donation fee is payable prior to the wedding date online at www.flowerangelsusa.org, or by check payable to

CCI-Flower Angels sent to:
261 Whites Path Unit#1
South Yarmouth MA 02664

Flower Angels USA donation fee is 100% tax deductible. FED ID# 46-4972867

Signed (Donor): _____ Date: _____

CCI-Flower Angels
261 Whites Path Unit#1
South Yarmouth MA 02664
508-280-9869

grace@flowerangelsusa.org www.flowerangelsusa.org

Thank you from Flower Angels. Your generosity is so appreciated!