

*O*ur *Resurrection* *Garden*

*We would like to place Easter Flowers in the Chancel of
Trinity Lutheran Church.*

NAME _____

IN MEMORY OF: _____

IN HONOR OF: _____

*Please bring (or have delivered) your Easter Flowers to the
church (Gruver Room) by **noon** on **Good Friday, March
25th**. Flowers may be picked up following the 10:30 a.m.
service on Easter Day.*

*Please return this request to the church office by **noon** on
Tues., March 22nd.*

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