



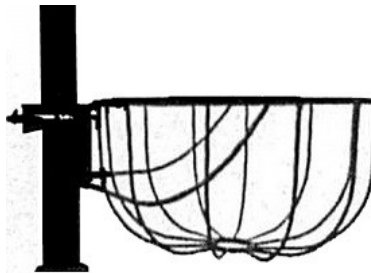
## MCCONNELSVILLE VILLAGE FLOWER PROJECT

Name of purchaser \_\_\_\_\_ Phone # \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of: \_\_\_\_\_

Check this box if you only want to use purchaser name only. **NO IN MEMORY OR IN HONOR** of.



*Print and use this form*

Checks are to be made to: McConnellsville Village Flower Project

Send donations to: Mayors Office, 9 Main Street, McConnellsville, Ohio 43756.