

Wedding Donation Form

Name:		Partner's name:		
Email:		Cell#:		
Date of Event:		Date & Time of Pick Up*:		
•	O.		•	until morning? Or, will your local norning?
Location of Pick Up: _				
Contact Person at Venue:		Phone #:		
Florist:		Phone #:		
# of Centerp	oieces# c	of Bouquets	other arr	rangements
information is provide				
How did you hear ab	out Petals Please?			
Instagram	Facebook	Florist	Venue	Personal recommendation
discuss how we can remorning to alleviate we cover, we will glad	etrieve your flower olunteers traveling Ily accept your flov with your florist a	s. Our preferences I have at night to I have some the som	te is that they be pick them up. It is delivered to	is in our service area, we will be held until the following If you are outside the area that our workroom. We ask that you ure that the coordinator knows

Our volunteers will deconstruct your flowers and create lovely individual bouquets that will be gifted to residents of nursing homes, hospices, Meals on Wheels recipients, and other care communities. We do not "charge" brides for our service. We do, however, appreciate a donation to Petals Please to help with the expense of repurposing and delivering the flowers. A \$100 donation is suggested. We are a non-profit organization that operates solely on donations. Your floral and monetary donations are tax deductible.