Faculty Senate Flower Request Form

Your Name: ________________________ (Last) ______________________ (First)
Department: ____________________________
Contact Information:
Phone Number: (_____) _____ - ______
Office Building and Number: ____________________
Donation requested for: ______________________ (Last) ______________________ (First)
In honor of: ______________________ (Last) ______________________ (First)
Relation to faculty member: _______________________________

Please choose one of the following

Donation to Charity of Choice
Name of Charity: ________________________________
Check Payable to: ______________________________
Address to send donation
Street: ________________________________
City: __________________ State: ______ Zip Code: __________

Flower Donation
Name Flowers are addressed to: ________________________________
Address to send flowers
Street: ________________________________
City: __________________ State: ______ Zip Code: __________
Phone Number of Recipient (_____) _____ - ______

Forward to: Dr. Val Larsen, larsenwv@jmu.edu
Fax Number: 540.568.2754