

## 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](mailto:larsenwv@jmu.edu)

Fax Number: 540.568.2754