

MEMORIAL RECEPTION INFORMATION

Name of Deceased: _____

Family: _____

Reception Scheduled for: _____

Attendance Estimate: _____

Church Member/Constituent: Yes _____ No _____

Church Groups Affiliation (s): _____

Family Contact: _____ Phone: _____

Relationship to deceased: _____

Preferences for reception: _____

*NOTE: If non-member, family will need to provide cookies for reception; bring to church kitchen 60 minutes prior to service.

COMMENTS: _____

UMW Co-President: Sheila Sundahl, 541-344-8415 and Kathi Hoffer-Riedman, 541-485-7345
UMW Reception Hostess*: Barb Garner, 541-687-6889
(*For non-members)

(Office Note: Forward a copy to appropriate UMW representative)