



**Michigan Garden Clubs, Inc.
Annual Conference
CELEBRATION OF LIFE
Presentation Form**

Club Name: _____ **District:** _____

Name of deceased (print): _____

Date of Birth _____ **Date of Death:** _____

Club Positions held (optional) _____

Photos: 2-3 maximum, (jpeg, png) Number enclosed: _____

Send to:

Email: Lingale2@aol.com

Phone number: 517-285-5750