

HOSPITALITY REQUEST

Recipient _____

Address _____

City _____ State _____ Zip _____

Home# _____

Members - Flowers

- Hospitalized (3 or more days)
- Prolonged Illness (7 or more days)
- Death of Member (sent to family)
- Outpatient Surgery (less than 3 days/ Cards only)

Family Members – Flowers

- Spouse / Prolonged illness, hospitalization (3 or more days), death
- Children / Prolonged illness, hospitalization (7 or more days), death
- Mother or Father / Prolonged illness, hospitalization (7 or more days), death

Sister or Brother – Cards only

* All other requests should contact ODE office

ASSOCIATION REPRESENTATIVE (AR)

AR's HOME/SCHOOL TELEPHONE#

(AR) SCHOOL

(AR) SCHOOL ADDRESS

**Please return this completed form to:
Linda Bellamy at Glen Haven Elementary School (Courier)
or you may fax this completed form to the ODE Office at: 678-837-1178**

DELIVERED TO

- Home
- School
- Hospital
- Funeral Home

DATE RECEIVED _____
ACTION DATE _____