

Flower Shuttle Volunteer Information Sheet

Name _____

Street Address _____

P O Box _____

City, State, Zip Code _____

Email Address: _____

Telephone No. _____

Cell Phone No. _____

In Case of Emergency:

Name of Contact: _____

Telephone No. _____

Please return this form to The Flower Shuttle or mail it to:
Raleigh Moravian Flower Shuttle, 1816 Ridge Road, Raleigh, NC 27607.

If you have any questions, please send them to
theflowershuttlevolunteer@hotmail.com.

We appreciate so much of your interest in the Flower Shuttle. Our mission is to bring joy to people living with sickness, terminal illness, poverty and disability by recycling flowers. So many of these people don't ordinarily received flowers. **Because We Care!**