

Memorial Angel Service



Zion Presbyterian Church

7:00 pm December 6, 2026

This year will mark our **20th Memorial Angel Service**, to be held on **Sunday, December 6th at 7:00 p.m.** This service has touched the hearts of many over the years and has become a meaningful highlight of our church life.

During the Advent season, the **Memorial Angel Tree** is placed in the sanctuary to honor the memory of departed loved ones. The service features **Lessons, Carols, and Special Music**, including offerings from our choirs and members of all ages. Following the service, a reception for all will be held. We warmly invite everyone to attend this family-friendly evening of worship and reflection.

Those who wish to remember a departed loved one—whether a family member, neighbor, or special friend—may do so by placing a **Memorial Angel** on the tree. The angels will be placed on the tree prior to the service, and the names of those being remembered will be displayed on the video screen during the service.

To participate, please complete the form provided and return it by placing it in the collection plate or submitting it to the church office. You may also email or call **Dianne** in the church office at **admin@zionpres.org** or **(902) 566-5363**. If using email, please include all the information requested on the form.

Requests for Memorial Angels must be submitted by Sunday, November 29th to ensure names are included in the printed program.

For those unable to attend in person, the service will be **live streamed on our Facebook page and church website**.

- -



Request for Memorial Angel

(please print clearly)



Placing an Angel in memory of ____

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________

Remembered by ____

Total Donation included $____________ **Name for Tax Receipt** ______________________________

(If donation is by debit or credit card, the payment terminal is available during office hours only)

Mailing address for receipt ____

__________________________________ **Postal Code** ______________ **Telephone** ______________