2011 Niche or Crypt Flower Order Form

Purchaser's Information:

Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Loved one's information for flower placement:

Name: _____
Please circle season(s): Spring Summer Fall Winter

Name: _____
Please circle season(s): Spring Summer Fall Winter

Name: _____
Please circle season(s): Spring Summer Fall Winter

2011 Prices - Niche or Crypt (tax included):

1 program	**$ 16.83**	
2 programs	**$ 33.65**	
3 programs	**$ 47.48**	(savings of $3.00)
4 programs	**$ 61.31**	(savings of $6.00)

Order Total: **$** _____

Please enclose this order form with your payment made payable to:
Oak Grove Cemetery, 1407 La Crosse St., La Crosse, WI 54601

Check Enclosed: _____

Please charge to: MasterCard ____ Visa ____ Discover _____

Card #: _____ Exp. Date: _____
Name of Card Holder: _____
Signature: _____

Office Use Only:
Date Order Received _____ *Receipt Number* _____
Mail List Check _____ *AR Card* _____
*Flower Order List Entry*_____ *Confirmation of Placement* _____