

# Oak Grove Cemetery - 2011 Spring Flower Order Form

## Purchaser's Information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Loved one's information for flower placement:

**Name:** \_\_\_\_\_  
Flower Program: \_\_\_\_\_  
Price w/ tax: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Flower Program: \_\_\_\_\_  
Price w/ tax: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Flower Program: \_\_\_\_\_  
Price w/ tax: \_\_\_\_\_

**Order Total:** \$ \_\_\_\_\_

Please enclose this order form with your payment.

Check Enclosed: \_\_\_\_\_ (made payable to: Oak Grove Cemetery)

Please charge my credit card:

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Orders must be received by May 2 to ensure placement by Memorial Day. Orders received after May 2 will be placed as soon as possible, but are not guaranteed placement by Memorial Day.**

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*Office use only:*

*Date Order Received* \_\_\_\_\_ *Receipt Number* \_\_\_\_\_

*Mail List Check* \_\_\_\_\_ *AR Card* \_\_\_\_\_

*Flower Order List Entry* \_\_\_\_\_ *Confirmation of Placement* \_\_\_\_\_

Oak Grove Cemetery, 1407 La Crosse Street, La Crosse, WI 54601