

Oak Grove Cemetery – 2009 Holiday Wreath Order Form

Purchaser's Information:

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

Loved one's information for wreath placement:

Name of deceased:	_____
Location (if known)	Section _____ Lot _____
Wreath Package:	_____
Price w/ tax:	_____
Name of deceased:	_____
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price w/ tax:	_____
Name of deceased:	_____
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price w/ tax:	_____
Order Total:	_____

Please enclose this order form with your payment made payable to:

Oak Grove Cemetery Association, 1407 La Crosse St., La Crosse, WI 54601

Check Enclosed: _____

Please charge to:

Mastercard _____ Visa _____

Card #: _____ Exp. Date: _____

Name of Card Holder: _____

Signature: _____

Orders must be received by Nov. 4, 2009, to guarantee availability and placement.

Office Use Only:

Date Order Received _____

Receipt Number _____

Mail List Check _____

AR Card _____

Wreath Order List Entry _____

Confirmation of Placement _____