

# 2020 - Niche or Crypt Flower Order Form

**Purchaser's Information:**

Date: \_\_\_\_\_

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

**Loved one's information for flower placement:**

Name: \_\_\_\_\_  
*Please circle season(s) selected.....***Spring Summer Fall Winter**

Name: \_\_\_\_\_  
*Please circle season(s) selected.....***Spring Summer Fall Winter**

Name: \_\_\_\_\_  
*Please circle season(s) selected.....***Spring Summer Fall Winter**

**2020 Prices - Niche or Crypt (tax included):**

1 program	\$ 19.78
2 programs	\$ 39.56
3 programs	\$ 56.18 (5% savings)
4 programs	\$ 72.80 (8% savings)

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

Please enclose this order form with your payment. Make check 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: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

**Office Use Only:**

Date Order Received \_\_\_\_\_  
Mail List Check \_\_\_\_\_  
Flower Order List Entry \_\_\_\_\_

Receipt Number \_\_\_\_\_  
AR Card \_\_\_\_\_  
Confirmation of Placement \_\_\_\_\_