

2021 - 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**

2021 Prices - Niche or Crypt (tax included):

1 program	\$ 20.57
2 programs	\$ 41.15
3 programs	\$ 58.55 (5% savings)
4 programs	\$ 75.70 (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 _____