

Oak Grove Cemetery – Holiday Wreath Order Form

Purchaser's Information:

DATE: _____

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:	_____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price:	_____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price:	_____
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: _____
Mastercard _____ Visa _____ Discover _____
Name of Card Holder: _____
Card #: _____
Zip Code for Card: _____ 3 Digit Sec. Code: _____ Exp. Date: _____
Signature: _____

Orders must be received by Nov. 1st 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 _____