

# Oak Grove Cemetery - Niche or Crypt Flower Order Form

**Purchaser's Information:**

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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   **\$ 22.00**  
2 programs   **\$ 44.00**  
3 programs   **\$ 62.70** (5% savings)  
4 programs   **\$ 80.96** (8% savings)

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

*Office Use Only:*

Date Order Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

Mail List Check \_\_\_\_\_

Ledger Card \_\_\_\_\_

Flower Order List Entry \_\_\_\_\_

Confirmation of Placement \_\_\_\_\_

Please enclose this order form with your payment.

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

**Check #:** \_\_\_\_\_ (payable to Oak Grove Cemetery Association)

**Credit Card:** MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

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

Name of Card Holder: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Receipt: YES / NO (Mailed or e-mailed) \_\_\_\_\_