

Oak Grove Cemetery – Holiday Wreath Order Form

Purchaser's Information:

Date: _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: (home) _____ (cell) _____

Loved one's information for flower placement:

Name of deceased: _____	
Location (if known)	Section _____ Lot _____
Flower Program:	_____
Price:	\$ _____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Flower Program:	_____
Price:	\$ _____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Flower Program:	_____
Price:	\$ _____
Order Total: \$ _____	
<hr/>	
<i>Office Use Only:</i>	
<i>Date Order Received</i> _____	<i>Receipt Number</i> _____
<i>Mail List Check</i> _____	<i>AR Card</i> _____
<i>Flower Order List Entry</i> _____	<i>Confirmation of Placement</i> _____

Please return this order form with payment to:

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 Emailed: _____