

Oak Grove Cemetery – Spring 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 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: \$ _____		

<i>Office Use Only:</i>	
Date Order Received _____	Receipt Number _____
Mail List Check _____	AR Card _____
Flower Order List Entry _____	Confirmation of Placement _____

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: _____

NOTE: Orders must be received by May 1st to ensure placement by Memorial Day. Orders received after May 1st will be placed as soon as possible, but are not guaranteed placement by Memorial Day.