

# 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 wreath placement:**

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