

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**

2026 Prices - Niche or Crypt (tax included):

1 program **\$ 24.00**

2 programs **\$ 48.00**

3 programs **\$ 68.40** (5% savings)

4 programs **\$ 88.32** (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) _____