

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) _____