

# 2016 - Niche or Crypt Flower Order Form

## Purchaser's Information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
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*

### **2016 Prices - Niche or Crypt (tax included):**

1 program \$ 17.94  
2 programs \$ 35.87  
3 programs \$ 50.64 (savings of \$3.00)  
4 programs \$ 65.41 (savings of \$6.00)

**Order Total: \$** \_\_\_\_\_

Please enclose this order form with your payment. Make check payable to:  
**Oak Grove Cemetery, 1407 La Crosse St., La Crosse, WI 54601**

Check Enclosed: \_\_\_\_\_

Please charge to: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

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### **Office Use Only:**

Date Order Received \_\_\_\_\_  
Mail List Check \_\_\_\_\_  
Flower Order List Entry \_\_\_\_\_

Receipt Number \_\_\_\_\_  
AR Card \_\_\_\_\_  
Confirmation of Placement \_\_\_\_\_