

## 2017 - 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*

### 2017 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 \_\_\_\_\_