

# Oak Grove Cemetery – Spring Flower Order Form

**Purchaser's Information:**

**Date:** \_\_\_\_\_

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

**Loved one's information for flower placement:**

<b>Name of deceased:</b> _____	
Location (if known)	Section _____ Lot _____
Flower Program:	_____
Price w/ tax:	_____
<b>Name of deceased:</b> _____	
Location (if known):	Section _____ Lot _____
Flower Program:	_____
Price w/ tax:	_____
<b>Name of deceased:</b> _____	
Location (if known):	Section _____ Lot _____
Flower Program:	_____
Price w/ tax:	_____
<b>Order Total:</b>	_____

Please enclose this order form with your payment and mail to:

**Oak Grove Cemetery Association, 1407 La Crosse St., La Crosse, WI 54601**

Check Enclosed: \_\_\_\_\_ (payable to: Oak Grove Cemetery)

Please charge my credit card: Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

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

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

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

**NOTE: Orders must be received by May 1st to ensure placement by Memorial Day. Orders received after May 1st will be placed as soon as possible, but are not guaranteed placement by Memorial Day.**

Office Use Only:

Date Order Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

Mail List Check \_\_\_\_\_

AR Card \_\_\_\_\_

Flower Order List Entry \_\_\_\_\_

Confirmation of Placement \_\_\_\_\_