

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:

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

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 _____