

Oak Grove Cemetery – Holiday Wreath Order Form

Purchaser's Information:

Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Loved one's information for wreath placement:

Name of deceased: _____	
Location (if known)	Section _____ Lot _____
Wreath Package:	_____
Price:	_____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price:	_____
Name of deceased: _____	
Location (if known):	Section _____ Lot _____
Wreath Package:	_____
Price:	_____
Order Total: _____	

Please enclose this order form with your payment made payable to:

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

Check Enclosed: _____

Please charge to:

Mastercard _____ Visa _____ Discover _____

Card #: _____ Exp. Date: _____

Name of Card Holder: _____

Signature: _____

Orders must be received by November 1 to guarantee availability and placement.

Office Use Only:

Date Order Received _____ Receipt Number _____

Mail List Check _____ AR Card _____

Wreath Order List Entry _____ Confirmation of Placement _____