

Wreath Order Form

Date: _____

Purchaser: _____ Phone #: (_____) _____ - _____

Address: _____ City, State, Zip _____

Name of Deceased: _____ Date of death: _____

Name of Deceased: _____ Date of death: _____

If more room is needed please use back of this form.

Cost of wreath \$55.00 (plus tax): (1) = \$4.13, (2) = \$8.25, (3) = \$12.38 (4) = \$16.50 _____

Number of wreaths ordered: _____

Total amount enclosed: _____

Please make check payable to Union Cemetery Association or fill out the credit card payment slip.

Cemetery use only:

Deceased: _____ Owner: _____

Sec. _____ Lot _____ Space: _____

Deceased: _____ Owner: _____

Sec. _____ Lot: _____ Space: _____

Visa _____ Mastercard _____ Discover _____ American Express _____

Name as it appears on credit card

Credit Card Number

Expiration Date

month/year

Mailing Address for Credit Card