

Union Cemetery Association 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 \$56.00 (plus tax):
(1) = \$59.20, (2) = \$120.40, (3) = \$180.60 (4) = \$240.80

Wreath for Veteran \$45.00 (plus tax):
(1) = \$48.38, (2) = \$96.75, (3) = \$145.13, (4) = \$193.50

Number of wreaths ordered: _____ Number of wreaths ordered _____

Total amount enclosed: _____ 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 if different then purchaser

If ordering from Wreaths Across America, please contact us with name and location of deceased, so we can update our records. (614) 267-5471

Additional burials:

Name of deceased: _____ Date of death: _____

Name of deceased: _____ Date of death: _____

Name of deceased: _____ Date of death: _____

Name of deceased: _____ Date of death: _____

Cemetery use only:

Deceased: _____ Owner: _____

Sec. _____ Lot _____ Space: _____

Deceased: _____ Owner: _____

Sec. _____ Lot: _____ Space: _____