

DILL'S FLORAL HAVEN CEMETERY MEMORIAL FLOWER PROGRAM

Name of Deceased: _____ Cemetery Information: _____

PACKAGES:

_____ Dill's Everlasting Tribute Package - \$320 (includes tax) Enclosed \$ _____
(Includes bouquets for Spring, Memorial Day, Mid-Summer, Fall, Christmas, one Easter cross, one decorated Christmas wreath, and one decorated evergreen grave blanket, per grave site.)

_____ Dill's Memorial Package - \$205 (includes tax) Enclosed \$ _____
(Includes bouquets for Spring/Summer, Fall, Christmas, one Easter cross and one decorated evergreen grave blanket, per grave site.)

_____ Dill's Remembrance Package - \$135 (includes tax) Enclosed \$ _____
(Includes bouquets for Spring/Summer, Fall, and Christmas, and one Easter cross per grave site.)

INDIVIDUAL ITEMS:

_____ Silk Flower Bouquets (Standard) - \$38.00 (sold individually; includes tax) Enclosed \$ _____
Place a check mark in areas below to indicate each bouquet needed.

OR

_____ Silk Flower Bouquets (Deluxe) - \$50.00 (sold individually; includes tax) Enclosed \$ _____
Place a check mark in areas below to indicate each bouquet needed.
"Deluxe" is a larger/fuller bouquet.

____ Spring/Summer (one bouquet to cover both seasons) ____ Other (Date: _____)

____ Spring ____ Summer ____ Fall ____ Christmas ____ Valentine's Day

____ Easter ____ Mother's Day ____ Memorial Day ____ Father's Day ____ 4th of July

____ Birthday (Date: _____) ____ Anniversary (Date: _____)

_____ Evergreen Grave Blanket - \$70 (includes tax) Enclosed \$ _____

_____ Decorated Christmas Wreath - \$35 (includes tax) Enclosed \$ _____

_____ Decorated Easter Cross - \$25 (includes tax) Enclosed \$ _____

_____ Seasonal Tombstone Saddle - \$70 (includes tax; indicate occasion(s) above, if needed) Enclosed \$ _____

*****Add \$10.00 (once-per-year, per grave charge) for delivery to designated grave. Enclosed \$ 10.00**

Purchaser: _____ Phone: _____

Address: _____ City, State, Zip: _____

Payment Options: ____ **Check** (payable to Dill's Floral Haven)--- **Check #** _____ **Driver's Lic #** _____

____ **Credit/Debit Card** --- **Circle One:** MC VI AE DI

Card Number _____ **Exp Date** _____

Total Amount _____ **Signature** _____

Email Address: _____ (for order and delivery confirmations)

Complete and Return to: (form must be mailed in or returned to the store in person)

Dill's Floral Haven, Inc.

258 Lebanon Ave.

Belleville, IL 62220

618-234-2056