

Order # _____

Seasonal Floral Order Form

**Rest Haven Memorial Park
47 Rest Haven Drive
Lock Haven, Pa 17745
570-769-6111**

Purchaser's Name _____

Address _____

Phone # _____

Deceased Name(s) _____

Section _____ Lot _____ Space _____

Individual Arrangement \$29.95 Spring Summer
 Fall Winter/Wreath

Annual Arrangement \$105.00 From _____ To _____

2-Year Program \$195.00 From _____ To _____

No of Packages Ordered _____ Total Due \$ _____

Paid by Cash Check Credit Card

Signature _____ Date _____

Family Service Counselor _____