WREATHS across AMERICA
Wreath Sponsorship Form

Sponsored wreaths are placed on grave markers at state and national veterans' cemeteries, as well as at local, community cemeteries each December. For quicker processing and the convenience of paying with a credit card, debit card, Google Pay, or PayPal, wreaths may be sponsored as grave specific requests online by scanning the QR Code above or visiting {{insert direct link to group page and update the QR code}}. If you prefer to pay with a check, please complete this form and mail it along with your check to the address in the box on the right. Thank you for your support!

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

> Please make checks payable to:
> **Wreaths Across America**
> PO Box 249
> Columbia Falls, ME 04623
>
> Call 877-385-9504 with any questions.
> *Thank you for your sponsorship and joining us in our mission to Remember, Honor and Teach!*

Sponsorship Type	Price	Quantity	Total
Individual = 1 Wreath	$15.00		
Mailed "In Honor" card = If you wish to send a physical honor card telling someone of your sponsorship, please see "In Honor" section below. The $2 fee is required for this mailing.	$2.00		
Family = 4 Wreaths	$60.00		
Small Business = 10 Wreaths	$150.00		
Corporate = 100 Wreaths	$1,500.00		
		Grand Total	

GRAVE SPECIFIC REQUESTS ARE NOT ACCEPTED ON THIS FORM

In Honor of:

_____

Below, please provide email or mailing address of "In Honor of" recipient so we can notify them of your sponsorship in their honor. If you have a specific message, please write it on the back of this sheet.

Email address: _____

Mailing address: _____

_____

In Memory of:

_____

This name will be listed on our online memory wall. Below, please provide name, rank, branch of service and state resided.

Branch of Service: _____

Rank: _____

State: _____

*Please note, **ALL** sponsored wreaths are shipped directly to the location and **NO** wreaths are sent to the individuals purchasing sponsorships.*

Location ID: _____ORRRMC_____ Sponsorship Group ID: _____OR0022P_____

FOR OFFICE USE ONLY:

Cash: _____ Total: _____ Date Received: _____

Total No. Checks: _____ Reconciled: _____

MO: _____

GEN:

Entered: _____