

Special Someone's Personalized Gifts

414-534-2283

www.specialsomeonespersonalizedgifts.com



Check

Money Order

Payable to:
Special
Someone's

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Signature: _____

#1 - Oak Document Frame: Qty: ___ x \$29.95 = \$ _____

#2 - Décor Mat and Oak Frame: Qty: ___ x \$43.95 = \$ _____

#3 - Décor Mat Only/Ivory: Qty: ___ x \$26.95 = \$ _____

#3 - Décor Mat Only/Black: Qty: ___ x \$26.95 = \$ _____

#4 - Memorial Portrait Only: Qty: ___ x \$16.95 = \$ _____

Wisconsin Residents add 5.6% \$ _____

Delivered to Oak Street Family of Properties \$ _____ 0.00

(Arlington Park & Woodlawn Cemeteries, Forest Hill & Sunset Ridge Memorial Parks)

Please Call for Shipping \$ _____

Total \$ _____

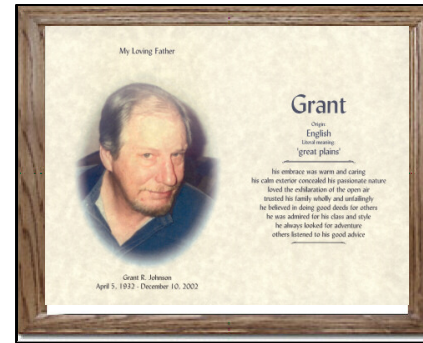
Send Order to: Christine Gorgas

Arlington Park Cemetery

4141 S. 27th Street, Greenfield WI 53221

ChristineGorgas@sbcglobal.net

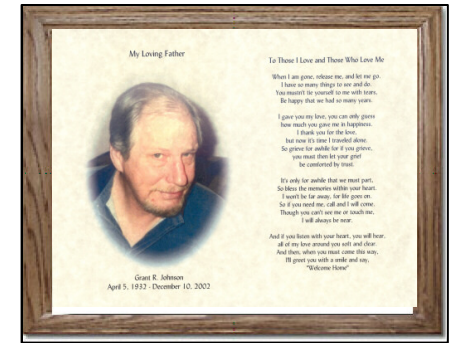
Memorial Portrait Reorder Form



Name Meaning Portrait

Oak Document Frame

\$29.95



Poem Portrait

Oak Document Frame

\$29.95

Poem Choice # _____

Loved One's Name: _____

Sentiment:

Same as Original

Our Loving: _____

Other: _____

Date of Birth: _____ Date of Death: _____

Date of Order: _____ Cemetery: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____