

## WREATHS across AMERICA

## Wreath Sponsorship Form

## **FUNDRAISING GROUP ID: OH0164 BUY TWO (2) WREATHS GET ONE (1) FREE**

Sponsored wreaths are placed on grave markers at state and national veterans' cemeteries, as well as at local, community cemeteries each December. Wreaths may also be sponsored online at <a href="https://www.wreathsAcrossAmerica.org/OH0164">www.wreathsAcrossAmerica.org/OH0164</a>. If you wish to make your sponsorship with a credit card, please visit our website for a secure online transaction.

Name:	 
Address:	
City:	
State:	
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
1 Individual Wreath	\$15.00		
2 Wreaths = (Get one free)	\$30.00		
4 Wreaths = Family (Get two free)	\$60.00		
5 Wreaths = (Get two free)	\$75.00		
10 Wreaths = (Get five free)	\$150.00		
100 Wreaths Corporate = (Get 50 free)	\$1,500.00		
<b>Mailed "In Honor" card</b> = 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	Grand Total	

## \*\*AT THIS TIME CONCORD TOWNSHIP DOES NOT ACCEPT GRAVE SPECIFIC REQUESTS\*\*

AT THIS TIME CONCORD TOWNSHIP DOES NOT ACCEPT GRAVE SPECIFIC REQUESTS				
In Honor of:	In Memory 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:	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.

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FOR OFFICE USE ONLY:					
Cash:	Total:	Date Received:			
Total No. Checks:	Reconciled:				
MO:	GEN:				
Entered:					