



WREATHS *across* AMERICA

Wreath Sponsorship Form – Lawnridge Cemetery, Rochelle IL

Form must be received by deadline of Nov. 30, 2022

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 wreathscrossamerica.org/IL0136P. If you wish to make your sponsorship with a credit card, please visit our website for a secure online transaction.

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Please make checks payable to:
Wreaths Across America
PO Box 249
Columbia Falls, ME 04623
Please allow 10 days for mail to be delivered.
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	

****For GRAVE SPECIFIC REQUESTS (or requests mailed after 11/21/22) – Please contact Lydia Roberts 815-561-4445****

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: ILLRCR Fundraising Group ID: IL0136P ----

FOR OFFICE USE ONLY:

Cash: _____ Total: _____ Date Received: _____

Total No. Checks: _____ Reconciled: _____

MO: _____

Entered: _____

GEN: _____