



# 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. Wreaths may also be sponsored online at [www.WreathsAcrossAmerica.org](http://www.WreathsAcrossAmerica.org). 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**

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
<b>Individual</b> = 1 Wreath	\$15.00		
<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		
<b>Family</b> = 4 Wreaths	\$60.00		
<b>Small Business</b> = 10 Wreaths	\$150.00		
<b>Corporate</b> = 100 Wreaths	\$1,500.00		
		<b>Grand Total</b>	

**\*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: \_\_\_\_\_ Fundraising Group ID: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Cash: \_\_\_\_\_ Total: \_\_\_\_\_ Date Received: \_\_\_\_\_

Total No. Checks: \_\_\_\_\_ Reconciled: \_\_\_\_\_

MO: \_\_\_\_\_

Entered: \_\_\_\_\_

GEN: _____
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