



# WREATHS *across* AMERICA

## Wreath Sponsorship Form

\*Sponsored wreaths are placed on the grave markers at state, national veterans cemeteries as well as local cemeteries each December. Wreaths may be purchased 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 TM**  
PO Box 249  
Columbia Falls, ME 04623  
Questions? Please call 877-385-9504  
Thank you for your Sponsorship and joining us in our mission to Remember, Honor and Teach!

Do we have permission to publicize your name as a sponsor?

Yes OR  No, I wish to remain Anonymous

Sponsorship	Price	Quantity	Total
<b>Individual</b> = 1 Wreath	\$15.00		
<b>Mailed "In Honor" card</b> = If you wish to send a mailed honor card telling someone of your sponsorship-see "In Honor" section below. *Card will not be mailed if the \$2 fee is not included.	\$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>	

**\*\*SORRY- WE CAN NOT TAKE GRAVE SPECIFIC REQUESTS\*\***

**In Honor of:**

\_\_\_\_\_

Please provide email of "In Honor Of" recipient, or mailing address so a card can be sent notifying them of your sponsorship in their honor. (if you have a specific message please write it on the back of this sheet and we will include it.)

**Email:**

\_\_\_\_\_

**Mailing:**

\_\_\_\_\_

**In Memory of:**

\_\_\_\_\_

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

**Branch of Service:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**State:** \_\_\_\_\_

Please note that **all** sponsorships are sent directly to the location and **no** wreaths are sent to the individuals purchasing sponsorships.

Location ID: **CAVCCV**

Fundraising Group ID: **CA0054P**

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**FOR OFFICE USE ONLY:**

Cash \$: \_\_\_\_\_

Total\$: \_\_\_\_\_ Date: \_\_\_\_\_

Total # Checks: \_\_\_\_\_

Reconciled: \_\_\_\_\_

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

GEN: \_\_\_\_\_

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