



Online Floral Ordering Form

Sender Information

* Sender First Name * Sender Last Name

* Billing Address (include Apt/Suite/Unit #, if Any)

* Sender City * State * Zip

* Sender Area Code and Phone # Extension OR Alt. Phone #

* Sender Email (eg, name@gmail.com)

* How did you hear about us?

Recipient (Ship To) Information

* Recipient First Name(s) * Recipient Last Name

Business, Hospital, or Funeral Home Name (if applicable)

* Street Address for Delivery Apt, Ste, Room, or Dept, if Any

* Delivery City * State * Zip

* Recipient Area Code and Phone #

Delivery Date Requested

* Month * Day * Year

Special Requests, if Any (eg, Please deliver by 4:00 pm)

Product(s) Selected

Item #	Price
* <input type="text"/>	\$ <input type="text"/>
* <input type="text"/>	\$ <input type="text"/>

Occasion and Card Message

* Occasion 1 Sympathy 2 Get Well 3 Birthday 4 New Baby 5 Anniversary
6 Holiday 7 Business 8 Wedding 9 Other

* Card Message with Sender Name(s) (eg, Happy Birthday! Love, Dave and Anne)

Payment Information:

Pay with Credit Card

(If you are using a credit card to make a payment, call 800-664-8258)

VA Employees Only:

Pay with EPD

Last 4 EPD# (Optional)

Last 4 SSN# (Required)

Download this form and attach in an email to VCSEmailOrders@va.gov

Orders will be processed in the order they are received.

You should expect a confirmation or contact for additional information within 72 hours. Need additional information? Send us an e-mail at VCSEmailOrders@va.gov or call us at 1-800-664-8258, M-F 8am-5pm CST.