



## 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)

### 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

(Customer Service will contact you for your credit card payment over the phone.)

### 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](mailto: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](mailto:VCSEmailOrders@va.gov) or call us at 1-800-664-8258, M-F 8am-5pm CST.*