

# ALBANY RURAL CEMETERY

68 Cemetery Ave. Albany, NY 12202  
 Phone: (518) 463-7017  
 Email: info@albanyruralcemetery.org

Dear Friend:

To assist families and honor loved ones buried at Albany Rural Cemetery, we offer seasonal and holiday floral services. We are now taking orders for 2026's special care services.

**PLEASE NOTE: THIS WILL BE THE ONLY MAILING YOU RECEIVE THIS YEAR REGARDING THESE SERVICES.**

| 2026 SPECIAL CARE SERVICES  |                     |                       |                     |      |                                |
|---|---------------------|-----------------------|---------------------|------|--------------------------------|
| SEASON or HOLIDAY   | ONE ORDER<br>EQUALS | PRICE<br>PER<br>ORDER | QUANTITY<br>ORDERED | COST | <i>For office use<br/>only</i> |
| <b>Easter</b><br><i>Due MARCH 9, 2026</i>   | One (1) pot of mums | \$40.00               |                     |      |                                |
| <b>Mother's Day</b><br><i>Due APRIL 10, 2026</i>  | Four (4) Geraniums  | \$46.00               |                     |      |                                |
| <b>Memorial Day</b><br><i>Due APRIL 27, 2026</i>  | Four (4) Geraniums  | \$46.00               |                     |      |                                |
| <b>Fall</b><br><i>Due AUG. 24, 2026</i>   | One (1) pot of mums | \$40.00               |                     |      |                                |
| <b>Balsam Christmas Wreath</b><br><i>Due NOV. 2, 2026</i>                               | One wreath          | \$48.00               |                     |      |                                |
| (Check, Cash or Credit upon request)  |                     |                       | TOTAL<br>COST       |      |                                |
| <b>PLEASE NOTE: PAYMENT MUST BE MADE WITH YOUR ORDER</b><br><i>(prices include tax)</i> |                     |                       |                     |      |                                |

Flowers/wreath(s) will be placed on the following Lot and Section:

|  |         |          |                |     |  |
|--|---------|----------|----------------|-----|--|
| Lot  | Section | Lot Name | Email address: |     |  |
| Your Name:                                   |         |          | Telephone:     |     |  |
| Address:                                     |         |          |                |     |  |
| City:  |         |          | State          | Zip |  |
| SPECIAL INSTRUCTIONS: Place at the grave of: |         |          |                |     |  |
| OR: In front of monument:                    |         |          |                |     |  |