

# Highland Memory Gardens

One Northeast 60th Avenue | Des Moines, Iowa 50313-1499  
Telephone: 515-289-2230 | Fax: 515-289-9853  
Visit our website: [www.highlandmemorygardens.com](http://www.highlandmemorygardens.com)

## Summer Floral Placement



Premium Rosebud Tribute



Premium Mixed Flower Tribute



Premium Lily Orchid Tribute



Premium Stargazer Tribute



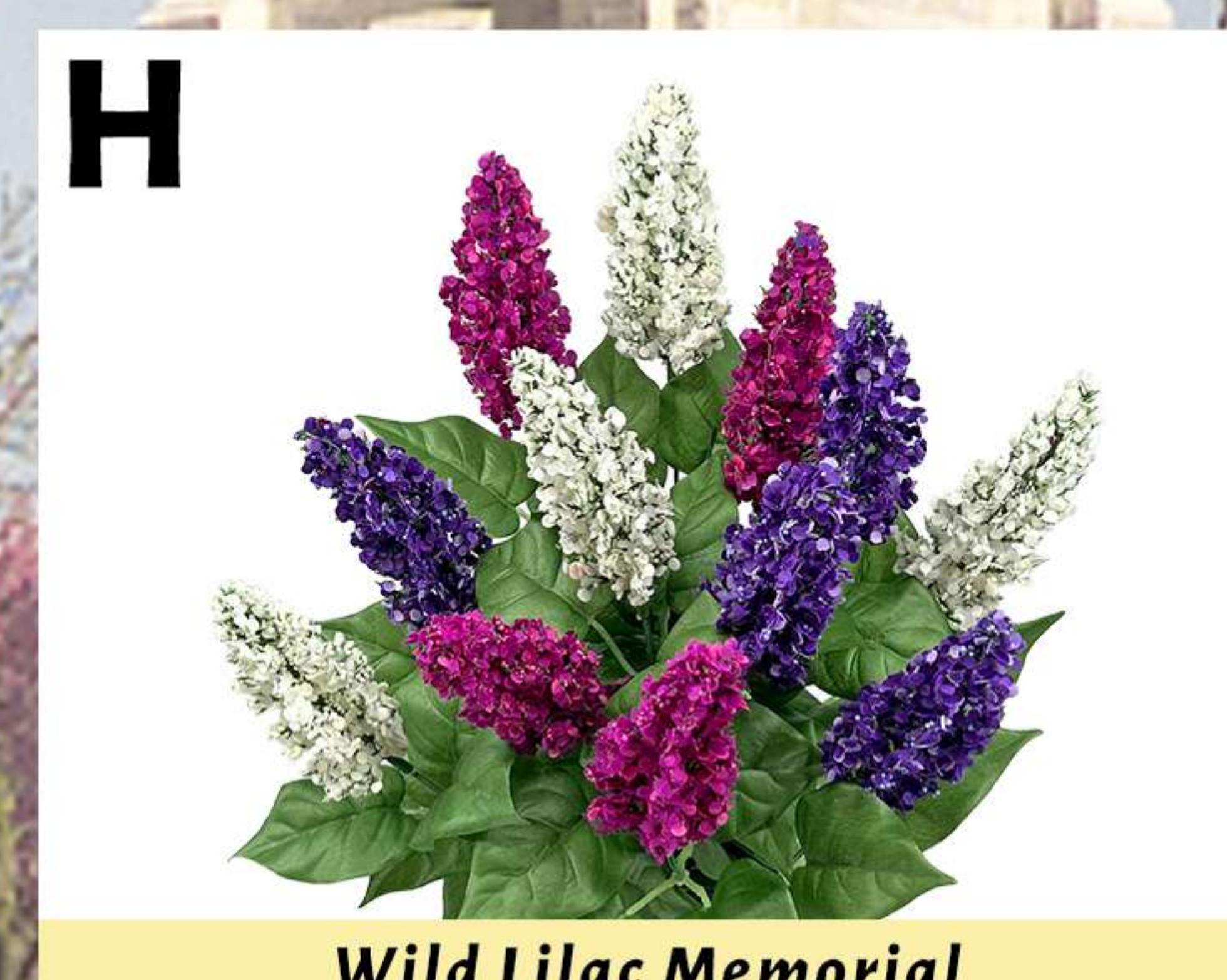
Premium Veteran's Tribute



Spring Peony Mix Memorial



Yellow Peony Memorial



Wild Lilac Memorial



Sunflower and Daisy Memorial

Order deadline is **April 17, 2026**. Placements will be made by **May 8, 2026**.

"Dedicated To Be A Sustaining Source Of Comfort To The Living"

## 2026 FLORAL SELECTIONS

Annually, Highland Memory Gardens offers an opportunity for placement of silk florals at the cemetery in remembrance of your loved ones for the late spring and summer decorating season. You may choose to have a picture of the floral placement sent to you. If your loved one's memorial does not have a bronze vase, a temporary plastic vase will be provided. In keeping with cemetery policy, flowers in temporary vases are removed one week after Memorial Day. Flowers in permanent bronze vases will remain to beautify our gardens until fall clean up on **October 5, 2026**. Every effort will be made to have the flowers placed on the grave of your loved one by our staff by **Friday, May 8, 2026**. **Beginning May 1, 2026, floral bouquets will be available in the office for purchase on a cash and carry basis.**

Due to problems regarding missing and/or stolen flowers, the cemetery makes the following disclaimer to be read and agreed with before you order.

### CEMETERY FLORAL PLACEMENT DISCLAIMER

- The cemetery's liability for the bouquet ends at the time of placement.
- The cemetery will not remove bouquets placed in permanent vases prior to the October clean up. Bouquets placed in temporary plastic vases will be removed by cemetery personnel one week after the observance of Memorial Day.
- Cemetery personnel verify and document placement of the desired bouquet at the grave of the loved one for whom it is purchased.

A. Premium Rosebud Tribute . . . . .	\$50
B. Premium Mixed Flower Tribute . . . . .	\$50
C. Premium Lily Orchid Tribute . . . . .	\$50
D. Premium Stargazer Tribute . . . . .	\$50
E. Premium Veteran's Tribute . . . . .	\$50
F. Spring Peony Mix Memorial . . . . .	\$40
G. Yellow Peony Memorial . . . . .	\$40
H. Wild Lilac Memorial . . . . .	\$40
I. Sunflower and Daisy Memorial . . . . .	\$40
J. Physical Photo of Placement (sent via USPS after Memorial Day) .	\$7 each
K. Digital Photo of Placement (sent via email or text after Memorial Day)	\$5

*Note:* Every effort will be made to fulfill your order. In the event our supplier cannot meet our demand, we will choose a substitute of equal or higher value. Keep in mind, prices include your floral tribute and Iowa state sales tax.

**INSTRUCTIONS:** Indicate your choice and cost of flowers on the form below with the name of your loved one. Include your name, address and phone number, and sign your agreement with the floral disclaimer. Return the bottom portion of this sheet with your payment to the cemetery office no later than **Friday, April 17, 2026**.

Place silk flowers on the grave of the following loved one; (please print)

Loved One: \_\_\_\_\_ A B C D E F G H I J K Cost: \_\_\_\_\_

Loved One: \_\_\_\_\_ A B C D E F G H I J K Cost: \_\_\_\_\_

Loved One: \_\_\_\_\_ A B C D E F G H I J K Cost: \_\_\_\_\_

**Please check the boxes that apply:** **Physical Photos** sent via  USPS **Digital Photos** sent via  Email  Text

Purchaser's Name: \_\_\_\_\_ Cost of Pictures: \_\_\_\_\_

Address: \_\_\_\_\_ **Total Order: \$** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Send Payment to:

Highland Memory Gardens  
1 NE 60<sup>th</sup> Ave.  
Des Moines, IA 50313  
(515) 289-2230

**I HAVE READ AND ACCEPT THE CEMETERY FLORAL PLACEMENT DISCLAIMER.**

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Please make checks payable to *Highland Memory Gardens*.

Credit Card: (VISA/MC/DISC) \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_