

2017 VNA Hospice Butterfly Release Order Form

Butterfly Release Event - June 4, 2017

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

- I plan to attend the Butterfly Release (# attending ____)
 I am unable to attend the Butterfly Release

Order Butterflies

Please reserve ____ butterfly(ies) at \$25 ea. for a total of \$_____

(Deadline to order butterflies and be recognized in printed program is May 19, 2017)

Make a Gift

Enclosed is my/our gift of \$_____ to the VNA Hospice program

For acknowledgements to be sent for butterflies or gifts please see panel below.

Gifts are accepted in the form of cash, checks, VISA or MasterCard.

Please make checks payable to "VNA of Hanover & Spring Grove Hospice".

Credit card type _____ Credit Card # _____
Name on card _____ Exp. Date _____ Code on back _____

Honor or Memorialize a Loved One or Friend

Please indicate below in whose memory or honor you are purchasing the butterfly(ies) or making your gift and if you would like us to notify someone of this gesture.

Butterfly(ies)/gift "in memory" or "honor of" (circle one) _____

Please notify: Name _____

Address _____ City _____ State _____ Zip _____

Butterfly(ies)/gift "in memory" or "honor of" (circle one) _____

Please notify: Name _____

Address _____ City _____ State _____ Zip _____

Butterfly(ies)/gift "in memory" or "honor of" (circle one) _____

Please notify: Name _____

Address _____ City _____ State _____ Zip _____

Please mail completed order form and payment to:

**VNA Hospice Butterfly Release
440 N. Madison Street, Hanover, PA 17331**