

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

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

I am unable to attend the Butterfly Release

To 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 18, 2018)

To Make a Gift: Enclosed is my/our gift of \$_____ to the VNA Hospice program

Payments/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. _____ Code on back _____

NOTE: For acknowledgements to be sent for butterflies or gifts please complete bottom portion.

*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 _____