

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 \_\_\_\_\_