



Calvert Hospice
Memorial Service & Butterfly Release
June 12, 2016 at 1 pm
Kings Landing Park
3255 Kings Landing Road, Huntingtown, MD

Your Name: _____ Telephone: _____

Your Address: _____ City: _____ State: _____ Zip: _____

Your Email: _____ Number of Attendees: _____

***Please return this order form by June 1, 2016 to ensure availability of butterflies**

I/We would like to honor _____ name(s) at **\$25.00** each butterfly for a total of \$_____.

Please **print/type** the name of the person to be honored as you would like it to be read.

Please send acknowledgment card to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

There is additional room on the back for names and acknowledgement addresses. Thank you.

If you've ordered more than 1 butterfly, please add the honoree & acknowledgment information to the back of form.

Payment Options:

Please find my check # _____ payable to **Calvert Hospice** in the amount of \$_____.

Please charge my credit card: ___ MC ___ Visa ___ Discover

CC # _____ Exp date _____ 3 or 4 digit security code _____ *

**the credit card company will not allow us to process your purchase without this code.*

Name on Card _____

Signature _____

I cannot attend, but I would like to make a donation. *Please print, complete, and mail form with donation to:

Calvert Hospice Butterfly Release
PO Box 838
Prince Frederick, MD 20678-0838

For more information: Please call (410) 535-0892.

Thank You for Your Support!

Names of those you would like to be celebrated. Please list the names as you would like them read. (\$25.00 each)

PLEASE PRINT

1. _____
2. _____
3. _____
4. _____
5. _____

Optional: Please send acknowledgment(s) (limited to one per butterfly ordered) to: PLEASE PRINT

Their Name (1.) _____

Their Address _____ City _____ State _____ Zip _____

Person Honored _____

Their Name (2.) _____

Their Address _____ City _____ State _____ Zip _____

Person Honored _____

Their Name (3.) _____

Their Address _____ City _____ State _____ Zip _____

Person Honored _____

Their Name (4.) _____

Their Address _____ City _____ State _____ Zip _____

Person Honored _____

Their Name (5.) _____

Their Address _____ City _____ State _____ Zip _____

Person Honored _____