



Butterfly Release & Memorial Service

Sunday, June 11, 2017

2:00 pm

Kings Landing Park—Wisner Hall

3255 Kings Landing Road

Huntingtown, MD

You are cordially invited to attend our Annual Butterfly Release and Memorial Service. This event is designed for those who want to celebrate the life of a loved one. The ceremony will incorporate music and reflection and concludes with a butterfly release.

There is no charge to attend, however, individuals and families have the option to purchase a butterfly in honor of a loved one.

To RSVP for this event, please complete and return the attached form no later than June 1, 2017 to ensure the availability of butterflies..

For more information, call the office at 410-535-0892 or visit our website at: www.calverthospice.org.

A memory is a keepsake of time that lives forever in the heart.

Please return your completed form to:
CALVERT HOSPICE BUTTERFLY RELEASE

Attn: Peggy Braham

PO Box 838

Prince Frederick, MD 20678



Calvert Hospice
Memorial Service & Butterfly Release

June 11, 2017 at 2:00 PM

Kings Landing Park – Wisner Hall
3255 Kings Landing Road, Huntingtown, MD

YOUR Name: _____ Phone #: _____

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

YOUR Email: _____

Number attending: _____ I would like to purchase _____ butterflies at **\$25.00** each
for a total of \$ _____

I am not able to attend but would like to make a donation

***Please return this order form by June 1, 2017 to ensure availability of butterflies**

PLEASE PRINT the name of the person to be honored as it should be read during the service:

If you would like to have an acknowledgement card sent, please indicate the name and address below:

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 and acknowledgement information to the back of this form.

PAYMENT OPTIONS:

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

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

Credit Card # _____ 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: _____

Please return completed form to: **CALVERT HOSPICE BUTTERFLY RELEASE**
ATTN: Peggy Braham
P O Box 838
Prince Frederick, MD 20678

For more information please call: 410-535-0892

THANK YOU FOR YOUR SUPPORT!

PLEASE PRINT the names of those you would like to honor as it should be read during the service:

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

Optional: Please send acknowledgement(s) to the following: (limited to one per butterfly purchased)

1. NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME OF PERSON HONORED: _____

2. NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME OF PERSON HONORED: _____

3. NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME OF PERSON HONORED: _____

4. NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME OF PERSON HONORED: _____

5. NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME OF PERSON HONORED: _____