



# Calvert Hospice Memorial Service & Butterfly Release

**June 2, 2019 at 2:00 PM**

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

**PLEASE NOTE: You may place your order by mail using this form or go online to our website – <https://calverthospice.org> - and click on the link for Butterfly Release.**

YOUR Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

YOUR Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

YOUR Email: \_\_\_\_\_

Number attending: \_\_\_\_\_ I would like to purchase \_\_\_\_\_ butterflies at **\$25.00** each  
Total Due: \$ \_\_\_\_\_

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

**\*Please return this order form by May 20, 2019 to ensure availability of butterflies**

**PLEASE PRINT** the name of the person to be honored as it should be read during the Memorial Service. (If you are honoring more than one individual, there is additional space on the back of this form to list their names)

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)**

**PAYMENT OPTIONS:**

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

2. Please charge my credit card: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Am.Express

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: \_\_\_\_\_