



Complete and return this form below by June 8, 2022 to reserve your butterflies.  
 Orders will be taken after that date until we are sold out.

Name (Print) \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I would like to reserve \_\_\_\_\_ (# of butterflies) at \$25 each or 5 for \$100. Total enclosed: \$ \_\_\_\_\_

**Please indicate your butterfly pick up location or if you would like us to release them for you:**

- Hospice & Palliative Care, 4277 Middle Settlement Road, New Hartford, NY
- Nunn's Home Medical Equipment, 1340 Floyd Ave, Rome, NY
- Herkimer College - College Center, 100 Reservoir Road, Herkimer, NY
- Oneida Health Cancer Care Radiation Oncology Affiliate of Roswell Park Care Network, 601 Seneca Street, Oneida, NY
- Adirondack Bank Center at the Utica Memorial Auditorium, Labatt Blue Entrance Parking Lot, 400 Oriskany St W, Utica, NY
- Please release my butterflies for me.

Name of person(s) being recognized: *(if you need additional space, please write on back of sheet)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Due to limited space, we cannot list special occasions or messages in our program.**

**(Optional)** Please send an acknowledgement of my gift to: *(if you need additional space, please write on back of sheet)*

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit Card Transaction (Please Print):**

Card Holder's Name: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Visa  MasterCard  Discover Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ 3-Digit Security Code (on back of card) \_\_\_\_\_