HOSPICE BUTTERFLY RELEASE CELEBRATION ORDER FORM 2025

To have your loved one's name in the program, you, must submit your form by Thursday, July 3 rd Name (Print) ————————————————————————————————————		
	Thome (
	State	7IP
	State -	
	_ (# of butterflies) at \$25 each or	5 for \$100. Total enclosed: \$
I or someone else will special to me. I will pi	be picking up my butterfly order	and will release somewhere
Hospice & Palliative (Care, 4277 Middle Settlement Road, New	Hartford, NY
	Il Equipment, 1340 Floyd Ave, Rome, NY	
Herkimer Chamber o	f Commerce, 420 E. German St. Ext., Herk	imer, NY
Oneida Health Care R Street, Oneida, NY	adiation Oncology Affiliate of Roswell Pa	rk Care Network, 601 Seneca
Adirondack Bank Cen Oriskany St W, Utica,	ter at the Utica Memorial Auditorium, La NY	abatt Blue Entrance Parking Lot, 400
Boilermaker Health 8 1101 Sherman Dr. Ut	& Wellness Expo – Presented by MVHS, N ica, NY	IVCC Utica Campus, Jorgenson Center,
	o my butterfly order and would like recognized: (if you need additional space	re Hospice to release them for me.
. ,, -	ecoginized. (ij you need ddditional spac	e, pieuse write on buck of sheet)
2		
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	ot list special occasions or messages in ou	
Due to illiliteu space, we cullic	t list special occusions of messages in ou	n program.
(Optional) Please send an ac	knowledgement of my gift to: (if you no	eed additional space, please write on back of sheet,
Name —		
Street —		
City —	State———	ZIP
Credit Card Transaction (Plea	ase Print):	
Card Holder's Name:		
Billing Address (if different): —		
	scover Credit Card #:	
Exp. Date:/ 3-D	igit Security Code (on back of card) ——	

Make checks payable to Hospice & Palliative Care. Please mail form to: Hospice & Palliative Care, Inc; 4277 Middle Settlement Road, New Hartford, NY 13413. For more information, call (315) 735-6484 or visit our website at www.hospicecareinc.org