



# Hospice Butterfly Release Celebration Order Form 2026



Deadline to have names in the program: Friday, July 3rd. Butterflies are limited--orders filled on first come first serve basis

## Step 1: Your information

Name

Phone number

Email

Street Address

City

State and Zip

## Step 2: Butterfly Order

Quantity	Price	Total
___ butterflies	\$25 each	\$ _____
5 butterflies	\$100	\$ _____
10 butterflies	\$200	\$ _____
<b>Total:</b>		<b>\$ _____</b>

## Step 3: Pick-Up or Hospice Release

Please Select one:

I or someone else will pick up my butterfly order and release somewhere special to me. I selected my location below.

Name of person picking up (if different from person ordering): \_\_\_\_\_

I will not be picking up my butterflies - please release them on my behalf.

Pick-Up Location if you or someone else is picking up your butterflies (select one)

Hospice & Palliative Care, 4277 Middle Settlement Road, New Hartford, NY

Nunn's Home Medical Equipment, 1340 Floyd Ave, Rome, NY

Herkimer Chamber of Commerce, 420 E. German St. Ext., Herkimer, NY

Oneida Health Care Radiation Oncology Affiliate of Roswell Park Care Network, 601 Seneca St., Oneida, NY

Adirondack Bank Center at the Utica Memorial Auditorium, Labatt Blue Entrance Parking Lot, 400 Oriskany St W, Utica, NY

Boilermaker Health & Wellness Expo--Presented by MVHS, MVCC Utica Campus, Jorgenson Center, 1101 Sherman Dr., Utica, NY

**\*Pickup location cannot be changed on day of release.**

## Step 4: Name(s) to be Recognized

Name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

\*\*Due to limited space, special occasions or messages cannot be listed in the program

Step 5 (Optional): Please send an acknowledgement of my butterfly gift to:

Name

Street

City, State, Zip

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If additional space is needed, use the back of this form)

## Step 6: Payment Information

Credit Card:

Card Holder Name

Billing Address (if different)

\_\_\_\_\_  
 \_\_\_\_\_

Card Type:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Or make checks payable to: Hospice & Palliative Care, Inc.