

THREE Butterfly Release Celebrations!

2010

Photo by Steven Max



The highlight of the Butterfly Releases will be the individual release and flight of hundreds of monarch butterflies accompanied by live music and followed by

refreshments on the beautiful grounds of Hospice & Palliative Care, Colgate University and Herkimer County Community College.

Sponsorship is \$25 per butterfly or five for \$100. To ensure that you will have a butterfly to release and acknowledgement of your loved one in our program, all butterfly orders must be received prior to the event. If you are not able to attend the Butterfly Release Celebration, we will be happy to release your butterflies for you.

To sponsor butterflies contact the Hospice & Palliative Care, Inc. Development Office at (315)735-6487 ext. 249.

The proceeds from the New Hartford and Hamilton Butterfly Releases will be used to support children's bereavement programs at Hospice including support groups, individual counseling, the What About Me?: Grief in the Classroom program, and children's bereavement literature. These programs are for children who have experienced the loss of a parent, sibling, grandparent, friend or classmate. Also, proceeds from the Herkimer County Butterfly Release will benefit The Herkimer County Hospice Foundation and their efforts to support hospice services in Herkimer County.

1 Wednesday, August 4, 2010 at 6:00 p.m.
(rain date Thursday, August 5th)
at Hospice & Palliative Care, Inc.
4277 Middle Settlement Road
New Hartford, NY
Sponsored by
The Hospice & Palliative Care Development Council

AND

2 Wednesday, August 11, 2010 at 6:00 p.m.
(rain date Thursday, August 12th)
at Colgate University on the lawn of
Merrill House
13 Oak Drive, Hamilton, NY
Sponsored by
The Hospice & Palliative Care Development Council
& Hosted by Colgate University

AND

3 Wednesday, August 18, 2010 at 6:00 p.m.
(rain date Thursday, August 19th)
at Herkimer County Community College
100 Reservoir Road
Herkimer, NY
Sponsored by
The Herkimer County Hospice Foundation

A life-affirming expression of hope and peace, our Butterfly Release Celebrations are a unique opportunity to honor someone special for an anniversary, a birthday, get-well or other special occasion; or memorialize loved ones by sponsoring a butterfly in their name. Their release signifies freedom and happiness.



According to American Indian Legend,
if someone whispers a wish
to a butterfly and then releases it,
that wish will come true.

(We have ensured that proper protocols are followed for the release of the butterflies through the assistance of the NYS Department of Agriculture and Cornell Cooperative Extension.)

Reserve Your Butterflies Today! Complete and return the form below.

Please Print Your Name _____ Phone (____) _____

Street _____

City _____ State _____ Zip _____

Five Easy Steps to Participate:

- 1. Print your name** and information. This will help us process the request and confirm proper printing for the program and the pronunciation at the event.
- 2. List those you wish to celebrate.** Each butterfly is \$25 or 5 for \$100.
- 3.** Below each featured name indicate **who should receive an acknowledgement card** reflecting your gift.
- 4. For additional names** to be honored or memorialized, please follow the same instructions and **write them on a separate sheet** & return in the enclosed envelope.
- 5. Make checks payable to: Hospice & Palliative Care, Inc. or charge your gift below.**

YES, I will attend.

I would like to reserve _____ (# of butterflies) for the Butterfly Celebration at \$25 each or 5 for \$100.

Please check a location: New Hartford Herkimer Hamilton
Enclosed is \$ _____

NO, I will not be able to attend.

Please release _____ (# of butterflies) for the Butterfly Celebration at \$25 each or 5 for \$100.

Please check a location: New Hartford Herkimer Hamilton
Enclosed is \$ _____

I would like to support the work of Hospice with a donation of \$ _____ enclosed.

Name of person: _____

to be: Memorialized OR
 Honored for special occasion – Anniversary Birthday Other _____

Please send an acknowledgement card of my gift to:

Name _____

Street _____ City _____

State _____ Zip _____

No acknowledgement is necessary.

Credit Card Transaction:

Card Holder's Name (print): _____

Billing Address (if different) _____

Visa MasterCard Discover Credit Card No#: _____

Exp. Date: ____/____/____ 3-digit security code (on back of card) _____

Mail form to: Hospice & Palliative Care, Inc. 4277 Middle Settlement Rd. New Hartford, NY 13413
Or Fax to: 315-793-8852 For more information call 315-735-6487 ext. 249