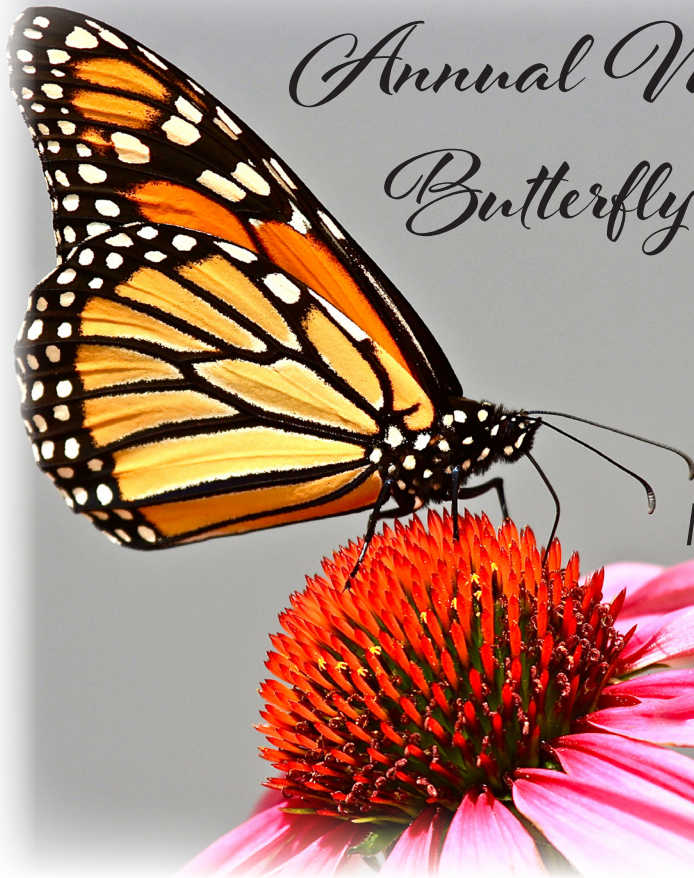


Hospice of the North Country invites you to its

*Annual Memorial
Butterfly Release*



Saturday, June 3, 2017

10:00 a.m.

Malone Recreational Park

State Street Pavilion

Malone, NY

Celebrate life and honor the memory of your loved ones.



YES! I will participate. Please reserve ____ butterflies @ \$20 each.

Total contribution: \$_____

IN MEMORY OF: _____

YES, I will be present to release my butterfly.

NO, I will not be present. I request Hospice staff to release on my behalf.

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Please make checks payable to Hospice of the North Country and mail this form to:
Hospice of the North Country, 3909 State Route 11, Malone, NY 12953