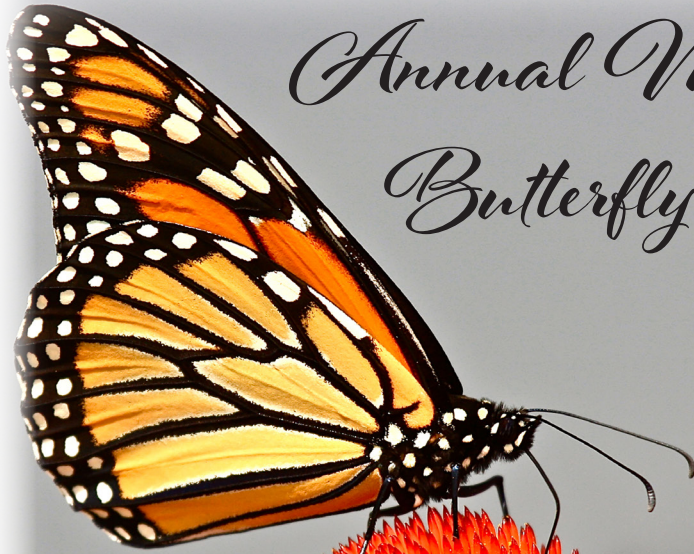


Hospice of the North Country invites you to its

*Annual Memorial
Butterfly Release*



Saturday, June 10, 2017
11:00 a.m.
Melissa Penfield Park
Boynton Avenue
Plattsburgh, 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, 358 Tom Miller Road, Plattsburgh, NY 12901