

## Hospice of Laurens County Butterfly Release & Celebration

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to purchase your butterfly in honor or in memory of someone? If yes, please list their names and addresses of those to be notified on the back of this form. If you need more room, please feel free to make a copy.

**Total # of Butterflies:** \_\_\_\_\_ **Total Contribution: \$** \_\_\_\_\_  
(\$15/butterfly; \$65/5 butterflies)

I cannot attend. However, I would like to contribute \$ \_\_\_\_\_ to support the mission.

1304 Springdale Drive, Clinton, SC 29325 • (864) 833-6287 • [www.hospiceoflaurenscounty.org](http://www.hospiceoflaurenscounty.org)



Hospice of  
Laurens County

*...because every moment matters.*

**Mail form with payment to:**

**Hospice of Laurens County  
The Butterfly Celebration**

**PO Box 178**

**Clinton, SC 29325**

*(checks payable to  
Hospice of Laurens County)*



**Butterflies may also be purchased  
online at [hpccr.org/shop](http://hpccr.org/shop)**

HOLC 2022 Butterfly

## Butterfly Reservation Form

Sunday, June 12 • 3pm

Ora ARP Church • Gray Court, SC

**\$15 each or \$65 for 5**

**In honor of**    **In memory of:** *(check one)*

Name: \_\_\_\_\_

Please send notice of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In honor of**    **In memory of:** *(check one)*

Name: \_\_\_\_\_

Please send notice of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In honor of**    **In memory of:** *(check one)*

Name: \_\_\_\_\_

Please send notice of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In honor of**    **In memory of:** *(check one)*

Name: \_\_\_\_\_

Please send notice of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In honor of**    **In memory of:** *(check one)*

Name: \_\_\_\_\_

Please send notice of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please reserve as soon as possible. Thank you!**