Nathan Adelson HOSPICE

15th Annual Celebration of Life Butterfly Release

Sunday, April 22 at 12:00 p.m.

Name_____

Address_____

City_____State_____Zip _____

Email_____Phone_____

❑ You may email me the quarterly hospice newsletter

The butterfly will be released in memory/honor of:

_____

Please print name clearly. It will be included in the event program.

❑ Please reserve ____butterfly(ies) at $25/box for a total of: $ _____

❑ I will attend the event with _____guests.

❑ I cannot attend; please have a volunteer release my butterflies for me.

❑ I wish to donate to NAH in the amount of: $ _____

All gifts of $500 or more will be recognized in our Annual Summary.
Recognition levels: Partnership $100–$499 Ambassador $500–$4,999
Benefactor $5,000–$24,999 Founder $25,000+

Total Gift $ _____

❑ I am enclosing a check payable to Nathan Adelson Hospice Foundation.

❑ Please charge my credit card (circle one) : VISA MC AMEX Discover

Number:_____Exp. Date _____

Code:_____Signature: _____

Name on card: _____

Please return with payment no later than **April 11, 2018** to Nathan Adelson Hospice Foundation, 2270 E. Commercial Rd., Suite A, Pahrump, NV 89048 or fax to 702-796-3195. For more information call 702-938-3910.

Pah