

12th Annual  
**Butterfly Release**



***Cathedral of the Pines, 10 Hale Hill Road, Rindge***  
Thursday, June 15, 2023 • 2:00 p.m. to 6:00 p.m.  
(Venue is wheelchair accessible)

***Butterfly Park, 320 Marlboro Street, Keene***  
Saturday, June 17, 2023 • 10:00 a.m. to 6:00 p.m.  
Thursday, June 22, 2023 • 10:00 a.m. to 6:00 p.m.  
(Wheelchair entrance via Bartholomew Court)

We will be honored to host you and your family as you release a butterfly in remembrance of your loved ones.

Butterflies are available on a first-come, first-served basis — order yours today!

For friends and families from afar, HCS staff would be honored to serve you by releasing a butterfly in your loved one's name.

Names of the commemorated will be listed in the event program.

Memorialize your loved ones in the HCS Butterfly Park with a custom engraved memorial stone.

**Order your butterfly online at [www.HCSservices.org/shop](http://www.HCSservices.org/shop) OR mail order form (reverse side) with check payable to HCS to: HCS Butterfly Release, PO Box 564, Keene, NH 03431.**



# BUTTERFLY AND MEMORIAL STONE ORDER FORM

## HCS Butterfly Release

Select Date & Location  June 15—Rindge  June 17—Keene  June 22—Keene

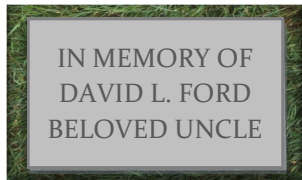
Name(s) of Honoree(s) \_\_\_\_\_

## HCS Butterfly Park Memorial Stone

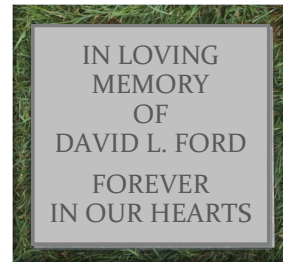
Select Stone Size  6"x12" Stone (up to 3 lines)  12"x12" Stone (up to 6 lines)

**\*\*Please include your message using up to 17 characters per line, including spaces.\*\***

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line 1																	
Line 2																	
Line 3																	
Line 4																	
Line 5																	
Line 6																	



**SAMPLE  
STONE  
ENGRAVINGS**



*Memorial stones are only available at the HCS Butterfly Park location in Keene.*

BUTTERFLY/STONE ORDER	QUANTITY	EACH	TOTAL
Painted Lady Butterfly	_____	\$12	_____
Monarch Butterfly	_____	\$18	_____
6"x12" Stone	_____	\$115	_____
12"x12" Stone	_____	\$300	_____
		Additional Donation	_____
		Grand Total	_____

Check enclosed payable to HCS

Credit Card (circle one) **Visa** **MasterCard** **Amex** **Discover**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_  
(AS APPEARS ON CARD OR CHECK) (IF APPLICABLE)

Mailing Address \_\_\_\_\_

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

Mail this form to: HCS Butterfly Release, PO Box 564, Keene, NH 03431