

memorial BUTTERFLY

Saturday, June 24, 2017 | 10:00 A.M.—New Time

RELEASE

Our Memorial Butterfly Release is a beautiful event that helps to express our sorrow for the loss of our loved ones.

EVERYONE WELCOME

Please join us to honor and remember your loved ones and to release a butterfly in their honor.

RESERVING BUTTERFLIES

All butterfly orders must be received by Wednesday, June 14, 2017. Registration information below. *Online registration is also available through our website cornerstoneofhope.org.*

RELEASING BUTTERFLIES

The butterflies will be released all at once at the end of the ceremony from the Cornerstone of Hope patio.

BEAUTIFUL MEMORIAL

Butterflies are nature's ultimate symbol of change, transformation and beauty. Releasing live butterflies for a loved one is a unique way to honor and remember them.



A CENTER FOR GRIEVING CHILDREN, TEENS AND ADULTS

EVENT DETAILS

Date: Saturday, June 24, 2017

Time: 10:00 A.M.—New Time

Location: Cornerstone of Hope
5905 Brecksville Road
Independence, Ohio 44131

Phone: (216) 524-4673

Web: cornerstoneofhope.org

Light Refreshments will be provided after butterflies are released.

There is a minimum donation of \$20 per butterfly

Butterfly orders may be called, mailed or emailed to Cornerstone no later than Wednesday, June 14th

Registration opens at 9:30 A.M.

Additional parking and shuttle service available at the AAA parking lot.

CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

I would like # _____ of Butterflies to release at \$20.00 each for a total of \$ _____

Please list the name of the loved one(s) that you are dedicating the butterfly to:

Phonetic Spelling: _____
(required for pronunciation)

_____ of family and friends attending.

I am not attending or releasing a butterfly, but please accept my donation in the amount of \$ _____ to help support the work of Cornerstone of Hope.

memorial BUTTERFLY REGISTRATION FORM RELEASE

PAYMENT OPTIONS

Please find my check, made payable to Cornerstone of Hope, in the amount of \$ _____

Please charge my credit card:
 MC Visa Amex Discover Bank

#: _____

Exp. Date: _____ CVV Code: _____

Name on Card: _____

Address of Cardholder: _____

Phone # of Cardholder: _____