

Persons to be Remembered

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PERMIT NO. 380
Hopkinsville, KY
42240

Please print the names of the individuals you wish to honor at the Reading of the Names.

(Names may be read in memory even if you do not wish to release a butterfly.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please mail form by July 17, 2020 to:

Pennyroyal Hospice, Inc.
220 Burley Avenue
Hopkinsville, KY 42240
Attention: Kim Baggett

PENNYROYAL HOSPICE, INC.

220 Burley Avenue
Hopkinsville, KY 42240
Phone: 270-885-6428
Fax: 270-885-4901
E-mail:
kbaggett@pennyroyalhospice.com

*Celebration of
Life
Butterfly Release*

SPONSORED BY
PENNYROYAL HOSPICE, INC.

Saturday, July 25, 2020

10:00—11:00 AM

St. John United Methodist Church
2808 South Virginia Street
Hopkinsville, Kentucky



Pennyroyal Hospice, Inc. invites you to a very special celebration of life to remember those loved ones who have passed on. This celebration of life will include music, inspirational readings, and a public reading of the names of those being remembered. The culmination of the event will be a butterfly release. Participants will receive one butterfly per family at no cost. If more than one butterfly is requested, there will be a cost of \$10 per additional butterfly. The Celebration of Life event is free and open to the public. You do not have to sponsor a butterfly to attend the event but if you would still like the name of your loved one read at the event, please return the registration form.

Event Activities

- Music
- Inspirational Readings
- Public Reading of the Names of Loved Ones
- Butterfly Release



Pennyroyal Hospice, Inc.

Celebration of Life Butterfly Release

REGISTRATION FORM

Please Print

My (Our) Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail Address _____

Choose One

I would like to release one butterfly for my loved one at no cost to me.

Enclosed is:

\$_____ for _____ additional butterflies

OR

I do not wish to release a butterfly but would like to attend the event and have a name read in the public reading.

PLEASE COMPLETE THE BACK OF THIS FORM WITH THE NAMES OF THOSE YOU WOULD LIKE HONORED AT THE CEREMONY.