



Butterfly Release Order Form

Mailing Address
BFO-Toronto
250 Merton St, Suite 202
Toronto, ON M4S 1B1

Contact

Name _____ Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Email _____

Attendance

- Yes - I plan on attending. I will be bringing #_____ guests.
- No - please release a butterfly on my behalf.

# of Butterflies	Price	Total
	x \$35	\$

(A limited number of butterflies will be available for donations made on the day of the event)

I would like to make an additional donation to support:

BFO-Toronto's Healing Garden \$20 \$50 \$100 other: \$_____

BFO-Toronto's Services & Programs \$20 \$50 \$100 other: \$_____

Billing Information

- Cash/Cheque (payable to Bereaved Families of Ontario - Toronto)
- Visa MasterCard American Express

Name _____ Card # _____

Expiration Date ____/____ CW _____

Name as it should appear on name tag

Preferred keepsake colour

Name as it should appear on name tag

Preferred keepsake colour

Name as it should appear on name tag

Preferred keepsake colour

Please use back for additional orders.

Charitable Registration #: 106785397 RR 0001