



Butterfly Release CELEBRATION

Join Us Saturday, May 18, 2024, at 9:00 AM

HUFFMAN'S FLOWERS OF THE FIELD GARDEN CENTER, 18148 COUNTY ROAD 1000, ST. JAMES

The Butterfly Release Celebration honors those we love and celebrates life. All proceeds benefit the Phelps Health Foundation Mission Fund, which provides support to the hospice program and patients. Enjoy light refreshments as you view the beautiful butterflies in the garden.

Release of the butterflies is contingent upon weather and may be delayed at the host's discretion. We apologize for any inconvenience.

■ In-Kind Refreshment Sponsor

- Signage and event recognition
 - Light refreshments for up to 100 guests
- Sponsorship name for signage:



I would like to honor (group/individual name):

I will be providing _____
for 100 guests. (Value: _____)

■ \$1,500 Wildflower Sponsor

- Signage and event recognition
 - Naming on 100 wildflower seed packets
 - Post recognizing sponsor on Phelps Health social media
- Sponsorship name for signage:



I would like to honor (group/individual name):

■ \$1,000 Queen Alexandra's Birdwing Sponsor

- Signage and event recognition
 - Four butterflies for butterfly release
 - Post recognizing sponsor on Phelps Health social media
- Sponsorship name for signage:



I would like to honor (group/individual name):

■ \$500 Monarch Sponsor

- Signage and event recognition
 - Two butterflies for butterfly release
- Sponsorship name for signage:



I would like to honor (group/individual name):

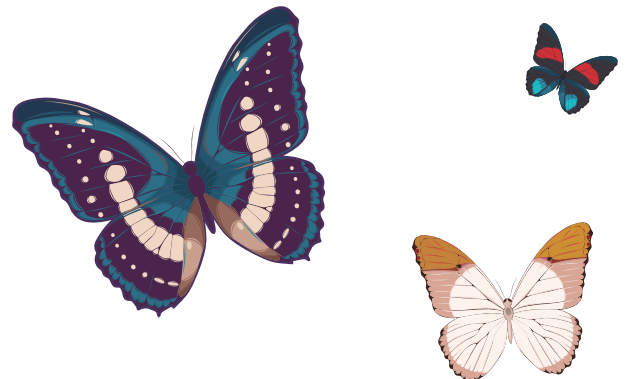
■ \$100 Painted Lady Sponsor

- Event recognition – group or individual
 - One butterfly for butterfly release
- I would like to honor (group/individual name):



■ \$20 Individual Participant Registration

- One butterfly for butterfly release
- _____ # of participants x \$20 = \$_____ Total



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SPONSORSHIP AND REGISTRATION FORM

I am unable to attend. Please accept my donation to the Phelps Health Foundation in the amount of \$ _____.

Total Amount Due: \$ _____

Name: _____ Primary Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Payment (Please Circle): Cash/Check/Credit Card

Card Number: _____ Expiration Date: ____/____/____ CVV: _____

Cardholder Name (Please Print): _____

Signature: _____ Date: ____/____/2024

Please make checks payable to: Phelps Health Foundation (EIN#43-1696258).

Mail to: Phelps Health Foundation, PO Box 261, Rolla, MO 65402. For more information, contact Cody Fulkerson at cfulkerson@phelpshealth.org or (573) 458-7143. If you require a W-9 form, one will be provided upon request.

To register and pay online, go to: phelpshealth.org/foundation

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Please complete the Phelps Health Foundation's 2024 Butterfly Release Celebration sponsorship form and registration information by **April 15, 2024**. Individual butterflies also may be reserved up until **April 30, 2024**.



THANK YOU TO OUR
BUTTERFLY GARDEN
SPONSOR AND HOST.

