

The Butterfly Club - Membership Enrollment Form

I accept your invitation to become an annual member of The Butterfly Club of Blue Ridge Hospice.

My contribution is:

- \$1000 (83.33/month) Adonis Level
- \$500 (41.67/month) Red Admiral Level
- \$250 (20.83/month) Swallowtail Level
- \$100 (8.33/month) Azure Level
- Other donation of \$_____ enclosed.

Please send me a reminder note:

- Annually
- Semi-Annually
- Quarterly

Name(s) as you wish to be listed for recognition purposes

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Email _____

Please return your commitment card and donation to:

Blue Ridge Hospice Development Council
333 West Cork Street, Suite 405
Winchester, Virginia 22601
(540) 536-5210
www.blueridgehospice.org