

PERSONS TO BE REMEMBERED/HONORED

For each gift of \$25 you may register one name to be read during the event. Your gift will directly benefit the Mercy Center for Women.

Print names below of the individual(s) you wish to register. For each name registered, please note if the individual is being recognized in memory or in honor.

(Kindly provide pronunciation information if necessary)

1. _____

in memory in living honor

2. _____

in memory in living honor

3. _____

in memory in living honor

4. _____

in memory in living honor

5. _____

in memory in living honor

Please complete the reverse side of this form which includes contact and payment information. If you would like to enroll additional names, please send details on a separate piece of paper.



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THE BUTTERFLY EFFECT CELEBRATION

Virtual Butterfly Release

Sunday, August 9, 2020

2:00 pm

www.mcwerie.org





PERHAPS THE BUTTERFLY IS PROOF THAT YOU CAN GO THROUGH A GREAT DEAL OF DARKNESS YET BECOME SOMETHING BEAUTIFUL

MERCY CENTER FOR WOMEN

invites you to celebrate life by remembering or honoring a loved one. We pray that you will assist us by taking part in our Butterfly Effect Celebration. This virtual event will include inspirational messages, music, and a reading of names of those being remembered and honored. Your gift of \$25 per name will benefit the mission of the Mercy Center for Women.

We will release the butterflies prior to August 9th and video of the event will be available to view online on Sunday the 9th at 2:00 PM. Due to COVID-19, this event will now be virtual. Please visit www.mcwerie.com to view the butterfly release.

THE BUTTERFLY EFFECT CELEBRATION - REGISTRATION FORM

My (our) Name: _____

Address: _____

City, State Zip: _____

Telephone: _____

E-Mail Address: _____

Enclosed is:

\$_____ for _____ name registration(s) at \$25 each.

\$_____ Additional gift to support the Mercy Center for Women.

Total Payment \$_____

Payment Method:

Credit card Cash Check

Please make checks payable to **Mercy Center for Women**

For Credit card payments:

Card Number _____

CVV Code: _____ (3 - 4 digit code on the back of card)

Cardholder Name: _____

Amount: \$_____ Expiration Date: _____

Signature: _____

Please complete the back of this form with the names of those you would like to be remembered at the ceremony.

Please mail this form by **July 31st** to:

Mercy Center for Women

1039 East 27th Street

Erie, PA 16504