



*May the wings of the butterfly kiss your face
And find a smile to lit upon
To bring you peace, pleasure and health
From now until forever ends*

Flight of Life

*Celebrating Remarkable
People!*

CENTRAL NORTHEAST HEALTH FOUNDATION

Office: North Courtyard, JPMRHC

P. O. Box 222, Gander, NL A1V 1W6

Tel: (709) 256-5742 Fax: (709) 256-4350

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Thank you to our
Corporate Sponsor...



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In partnership with the Government of Newfoundland & Labrador,
Under the Canada-Newfoundland Labour Market Development Agreement*

**A project of the
Central Northeast Health Foundation**

Have the name and birth date of a remarkable person engraved on a uniquely crafted butterfly for display on one of the beautiful “Flight of Life” murals created by artist Dawn Baker. You can order a “*Flight of Life*” Butterfly to celebrate special occasions or milestones such as:

- **Milestone Birthdays and Anniversaries**
- **Retirement**
- **Mother's Day, Father's Day, and Grandparents Day**
- **Christmas gifts (for the person who has everything)**
- **In Memoriam**
- **Graduation / Special Achievements, etc.**

The initial cost to display your butterfly on the “*Flight of Life*” is a donation of \$75. Each year there will be a nominal renewal fee of \$25 should you wish your butterfly to remain on display. New butterflies will be placed on the murals every three months.

100 % of proceeds from this project will support the health programs and services offered by the Central Regional Health Authority.

To find out how you can make this lasting tribute to celebrate the '*Flight of Life*' of the remarkable people who have touched your life, contact the Central Northeast Health Foundation at (709) 256 - 5742 or complete the attached order form.



Thank you for helping us
 “Build A Healthier Tomorrow”
 for the communities that we serve!

yes!

I / We want to honour a special person

PLEASE COMPLETE AND PRINT CLEARLY

Name: _____

Address: _____

Town: _____ Prov: ____ PC: _____

Phone: _____

Name to be engraved: _____

Birth date to be engraved: _____

This is a Gift for my: _____

This is a Celebration of Birth for my: _____

This gift is in memory of my: _____

Where would you like your Butterfly displayed?

Brookfield Fogo Island Gander Twillingate

PLEASE SEND ACKNOWLEDGMENT OF MY GIFT TO:

Name: _____ Address: _____

Town: _____ Prov: ____ PC: _____

I / We would like to make this \$ 75 gift using:

A personal cheque enclosed payable to the Central Northeast Health Foundation

VISA MasterCard Card #: _____

Exp. Date: _____ Signature: _____

We would like to order additional Butterfly Plaque(s) for other special people at \$70 each:

(Name/Birth Date): _____

(Name/Birth Date): _____

Please note there is an annual renewal fee of \$25 per butterfly

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