

# CHEMO DUCK FORM



WWW.CHEMODUCK.ORG • (615) 830-0126

**ORDER DATE** \_\_\_\_\_

**ORGANIZATION NAME** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE/PROVINCE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_



**PORT**  
\$23 EA.  
(Minimum of 12)



**HICKMAN**  
\$23 EA.  
(Minimum of 12)

STYLE	QUANTITY	TOTAL
<b>GRAND TOTAL</b>		

**IMPORTANT NOTICE:** Please note the minimum order for chemo ducks is \$276. This provides your organization with 12 chemo ducks. If you are interested in a smaller quantity, please contact our office at (615) 830-0126 or lu@chemoduck.org for details about our Adopt-a-Duck program.

## SHIPPING ADDRESS

**COMPANY NAME** \_\_\_\_\_

**ATTN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**WAIVER:** In placing this order, we understand that we are not allowed to solicit funds from families who receive services or materials from Gabe's Chemo Duck program.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PLEASE MAIL THIS FORM TO:**  
5016 SPEDALE COURT • PMB 129  
SPRING HILL, TN 37174

## PLEASE SELECT ONE OF THE FOLLOWING:

- We will be able to provide a donation/funding for the ducks ourselves.
- We will be able to provide funding from a secondary source.
- We will require assistance from Gabe's My Heart in identifying funding for our hospital.

**COMMENTS:**

## OFFICE USE ONLY

Donor Certificate Sent:	Freight Terms:
Training Binder Required:	Approx. Shipping Date:
Plaque Required:	Primary or Repeat Order: