

SINGLE CHEMO DUCK FORM



WWW.CHEMODUCK.ORG

FAMILY CONTACT

ORDER DATE _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

CHILD LIFE/SOCIAL WORK DEPARTMENT CONTACT AND SHIPPING INFORMATION

PLEASE SHIP MY ORDER TO THE FOLLOWING ADDRESS

HOSPITAL NAME _____

CONTACT NAME _____ TITLE _____

ADDRESS _____


CITY _____ STATE/PROVINCE _____ COUNTRY _____


PHONE _____ FAX _____

E-MAIL _____

IMPORTANT NOTICE: Please note that typically the minimum order for Chemo Ducks is 12 at \$25 each and multiples of six thereafter. We are happy to fulfill this single duck order for you but we do encourage you to join the Chemo Duck Program so your hospital can offer this therapeutic tool to all patients.

PLEASE SELECT THE TYPE OF CHEMO DUCK YOU ARE REQUESTING

HICKMAN 

PORT 

WAIVER/AGREEMENT

WAIVER/AGREEMENT: 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. Also, we agree to have a child life or social work staff member provide the family with a basic education into how to best utilize Chemo Duck play therapy tools.

SIGNATURE _____

DATE _____

PLEASE MAIL THIS FORM TO:
GABE'S CHEMO DUCK PROGRAM • C/O GABE'S MY HEART
5016 SPEDALE COURT • PMB 129 • SPRING HILL, TN 37174
P 615.830.0126 • F 615.246.3850 • LU@CHEMODUCK.ORG