



PLEDGE FORM

DONOR INFORMATION *(Please print or type)*

NAME _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE (HOME) _____ **(BUSINESS)** _____

E-MAIL _____

PLEDGE FORM INFORMATION

- \$30**
SPONSOR A CHEMO DUCK FOR A CHILD
- \$60**
SPONSOR A CHEMO DUCK FOR 2 CHILDREN
- \$120**
SPONSOR A CHEMO DUCK FOR 4 CHILDREN
- \$720**
SPONSOR A BOX OF CHEMO DUCKS FOR A HOSPITAL
- I WOULD LIKE TO SPONSOR \$ _____
FOR _____ CHILDREN AT \$30/DUCK

MY DONATION IS:

- IN MEMORY OF: _____
- IN HONOR OF: _____
- PLEASE NOTIFY THE FOLLOWING INDIVIDUAL OF MY DONATION**
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
- PLEASE KEEP MY DONATION ANONYMOUS**

PLEDGE FORM INFORMATION

- CHECK** **CASH** **CREDIT CARD** VISA MASTER CARD DISCOVER AMEX
(MAKE CHECK PAYABLE TO "GABE'S MY HEART")

CREDIT CARD _____ **EXP. DATE** _____ CVV NUMBER _____

SIGNATURE _____

Thank you for your donation to Gabe's Chemo Duck Program. **Please return this form along with your donation to:**
Gabe's Chemo Duck Program • c/o Gabe's My Heart • 5016 Spedale Court PMB 129 • Spring Hill, TN 37174