



5016 Spedale Court PMB 129 • Spring Hill, TN 37174 • (615) 830-0126

Dear Friend:

We have recently been contacted by a family member or friend of one of your pediatric patients regarding our program and wanted to reach out to introduce ourselves. Gabe's My Heart is a nonprofit organization that provides our very special Gabe's Chemo Duck Program – a program that is geared toward providing education and comfort for children and families living with cancer. Perhaps you have heard about us before but if not, please allow me the opportunity to our program and to hopefully begin a lasting relationship with your hospital and the families work with.

Gabe's Chemo Duck Program is a unique opportunity for hospitals to provide pediatric cancer patients with a soft, cuddly friend to assist them in understanding the changes in their lives and how to cope with what they are going through. I created this program for my son, Gabe, who was going through cancer treatment in 2003. Chemo Duck is a powerful therapeutic and teaching tool used in medical facilities to familiarize children with cancer protocol and procedures. In a gentle manner, Chemo Duck exposes children with cancer to their new life and encourages healing through the power of play therapy. To learn more about our program, please visit our website at www.chemoduck.org.

As I mentioned above, a friend or family member contacted us directly because they were interested in getting a Chemo Duck for a child they care for and we are seeking your assistance with fulfilling this request. To ensure that the program is presented properly and that children are being shown how to best utilize our play therapy tools, we typically partner with child life specialists or social workers to introduce the program to the families. It makes the most sense and is very effective since they are already so closely connected to the patients and families.

Our goal is to bring Gabe's Chemo Duck Program to as many children in need as possible. We are not looking to simply give a toy to a child – rather, we are trying to provide some hope, comfort and understanding during an incredibly difficult and challenging time. And while we are happy to honor this single Chemo Duck order, we are hopeful that we can turn this into a lasting relationship that will benefit all of the pediatric cancer patients you serve.

In order to fulfill the current order being made, please complete the attached order form and return it to our office address that is located at the bottom of the form. Also, don't hesitate to reach out if you would like to discuss how we can partner together and begin to offer the Chemo Duck Program to more children at your hospital.

Thank you again for your interest in Gabe's Chemo Duck Program and for providing huggable hope in the life of a child with cancer.

Sincerely,

Lu Sipos

Founder, Gabe's My Heart

WWW.CHEMODUCK.ORG

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 • LU@CHEMODUCK.ORG