

Duck Adoption Form for

Duck Race Event to

Benefit **Medical Patient Modesty** on
Saturday, July 20, 2024 at
Champion Credit Union Aquatic Center in Canton, NC

First and Last Name: _____

Who Referred You? _____

Address: _____

City, State, and Zip: _____

Phone: _____

Email: _____

Numbers of Ducks: (Circle and then write on the check the number of ducks and amount)

1 Duck - \$10 2 Ducks - \$20 3 Ducks - \$30 4 Ducks - \$40

5 Ducks - \$50 10 Ducks - \$100 25 ducks (5 free ducks) - \$200

50 ducks (10 free ducks) - \$400

Mail this form along with a check payable to **Medical Patient Modesty** for \$_____ to

Medical Patient Modesty

P.O. Box 652

Hazelwood, NC 28738