



PUBLIC SAFETY DAY & DUCKY DERBY

HOPE FLOATS

The Child Abuse Prevention Council Board of Directors and Auxiliary would like to invite you to join us in our fourth annual Ducky Derby on Saturday, May 12th at Weber Point! Last year's race was a tremendous success, with well over 1,000 people in attendance - but the event couldn't have been successful without the strong support we received from community members just like you. This year, we have some fun ways for you to engage and support this event, and the wonderful work the Child Abuse Prevention Council is doing for our community:

- **Sponsorship Opportunities** - Area businesses can purchase a gaggle of 50 ducks of different themes in direct support of the event:

- **Theme Ducks** - Purchase one-of-a-kind themed ducks representing many different industries in our community: we have Construction Ducks, Banker Ducks, Doctor Ducks, and many others. Be the first and only business to have the themed duck that represents your industry! **Cost: \$500**

- **Racer Ducks** - If your themed duck has already been adopted, you can adopt a fleet of Racer Ducks, specially trained and built for speed! **Cost: \$250**

We anticipate this free event on May 12th to draw well over 1,200 people, and continue to grow each year as the excitement and popularity of the Ducky Derby increases. The unique nature of this event promises to draw significant media attention and become the must-see, family-focused event in our community.

We would love your support! Please consider any of these fun ways to engage and jump in and race alongside us to help every family in our community stand up strong and healthy!

For more information, please contact Melissa Case at (209) 481-4122.



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My Ducks Are in a Row. Sign me up...

- \$500 Donation:** includes 50 Themed Ducks, name listed on website
- \$250 Donation:** includes 50 Racer Ducks, name listed on website
- My company would like to make a \$_____ donation**

Payment information

- Check enclosed
- Please send me an invoice
- Please bill my credit card below

Corporate Name: _____

Contact name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Email: _____

CC: _____ / _____ / _____ **EXP:** _____ / _____ **VC:** _____

Name on card:

Address and Zip code that credit card billing is sent to:

Signature: _____ **Date:** _____

Please fax completed form to (209) 464-2722. Thank you for your support!