



KINDLY REPLY BY MAY 10

INFORMATION

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I/We wish to attend the Reception for Dr. Herzlinger:
_____ person(s) at \$50 each: Total amount due \$ _____

I cannot attend but wish to make a donation to the
NICU Modernization Project, care of Bridgeport Hospital Foundation.
Donation amount: \$ _____

Enclosed is my employer's matching gift form. Please consider having
your donation matched if your employer has a matching fund program.

PAYMENT INFORMATION

Enclosed is my check made payable to Bridgeport Hospital Foundation.

Credit card: VISA MASTERCARD AMEX DISCOVER

Card # _____ Exp. date (mm/yy) _____

Name as it appears on card _____

Billing address for this card (if different from above) _____

Signature _____

TO RSVP: Return this card by mail; fax 203 384-3752; or reply online at
<http://bphosp.convio.net/nicureception>

DONATIONS ARE TAX DEDUCTIBLE TO THE FULL EXTENT OF THE LAW.