

**Mail-in Donation Form**

Return To: Bridgeport Hospital Foundation  
267 Grant Street  
Bridgeport, CT 06610



Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_ Program Designation: \_\_\_\_\_

**Method of Payment:**

Check Please make checks payable to **Bridgeport Hospital Foundation**.

This gift is made  *In memory of*  *In honor of*

Name \_\_\_\_\_

Please send acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Child Name as you would like it to appear:

\_\_\_\_\_

Child Date of Birth as you would like it to appear:

\_\_\_\_\_

**Please send me information about:**

- Gifts that will pay me an income for life.
- Giving through my will.
- Volunteer opportunities.
- I have included Bridgeport Hospital in my estate planning.