

Send a **Hug-A-Bear** to a child in our care!



Your Name _____

Address _____

City _____ State _____ Zip _____

Tel. _____ E-mail _____

For a \$25 donation, you can give a cuddly **Hug-A-Bear** Teddy Bear to a child who needs a smile the most— a child faced with illness, injury or disability receiving care at Bridgeport Hospital.

___ **\$25** I want to give **1** Teddy Bear to a child receiving care at Bridgeport Hospital

___ **\$100** I want to give **4** Teddy Bears to children receiving care at Bridgeport Hospital

___ **\$500** I want to give **20** Teddy Bears to children receiving care at Bridgeport Hospital

___ **\$1,000** I want to give **40** Teddy Bears to children receiving care at Bridgeport Hospital

___ Other Amount _____

Please make check payable to "Bridgeport Hospital Foundation."

Credit Card: Visa MasterCard AmEx

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

You can also make your donation online at www.bridgeporthospital/foundation and click on "Donate Now" and select Hug-A-Bear from the menu.



**BRIDGEPORT
HOSPITAL FOUNDATION, INC.**
YALE NEW HAVEN HEALTH

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