

YOUR FULL NAME

YOUR DIRECT PHONE NUMBER

## HOSPITAL DONATION INITIAL REQUEST

YOUR TITLE/OCCUPATION AT HOSPITAL

YOUR WORK EMAIL

We accept hospital donation requests from persons directly associated with a hospital (e.g. Labor & Delivery Nurse Managers/Directors, Nurses, Social Workers, Chaplains, and members of a hospital's Bereavement Team). Please request the number of cradles and memory keepsakes needed at your hospital for one year and email it to us at hospitals@bridgetscradles.com. Cradles are always provided to hospitals free of charge.

## HOSPITAL CONTACT INFORMATION

NURSE MANAGER OR DIRECTOR NAME (IF NOT SELF)	NURSE MANAGER OR DIRECTOR TITLE	
NURSE MANAGER OR DIRECTOR EMAIL (IF KNOWN)	NURSE MANAGER OR DIRECTOR DIRECT PHONE NUMBER (IF KNOWN)	
SHIPPING INFORMATION		
HOSPITAL NAME	HOSPITAL UNIT (e.g., Labor & Delivery, NICU, Emergency Dept.)	
HOSPITAL STREET ADDRESS	STATE	ZIP CODE
SPECIAL SHIPPING INSTRUCTIONS (e.g., Department/Unit/Floor	#; ATTN: )	
# OF CRADLES REQUESTED (Cradles are for second trimester losses)		RY KEEPSAKES REQUESTED sakes are for first and third s)
ARE YOU IN NEED OF CRADLES IN SPECIFIC GENDER COLOR IF SO, PLEASE INDICATE WHICH ONES.  (If not, please leave blank and we will send you a variety)	BOY	GIRL NEUTRAL
ARE YOU IN NEED OF CRADLES IN SPECIFIC SIZES? IF SO, PLEASE INDICATE WHICH ONES. (If not, please leave blank and we will send you a variety)	SMALL	MEDIUM LARGE
INCLUDE SPANISH TAGS TRANSLATED INTO SPANISH?  YES NO	5 10	AGS? 25 50 75
HOW DID YOU HEAR ABOUT BRIDGET'S CRADLES?		
WHY WOULD YOU LIKE TO OFFER BRIDGET'S CRADLES AT Y	OUR HOSPITAL?	