





HOSPITAL DONATION INITIAL REQUEST

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

YOUR FULL NAME	YOUR TITLE/OCCUPATION AT HOSPITAL
YOUR DIRECT PHONE NUMBER	YOUR WORK EMAIL
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	CITY	STATE	ZIP CODE
SPECIAL SHIPPING INSTRUCTIONS (e.g., Department/Unit/Floor #, ATTN:)			
 # OF CRADLES REQUESTED (Cradles are for second trimester losses)	 # OF MEMORY KEEPSAKES REQUESTED (Memory keepsakes are for first and third trimester losses)		
ARE YOU IN NEED OF CRADLES IN SPECIFIC GENDER COLORS? IF SO, PLEASE INDICATE WHICH ONES. (If not, please leave blank and we will send you a variety)			
BOY <input type="checkbox"/> GIRL <input type="checkbox"/> NEUTRAL <input type="checkbox"/>			
ARE YOU IN NEED OF MORE CRADLES IN SPECIFIC SIZES? IF SO, PLEASE INDICATE WHICH ONES. (If not, please leave blank and we will send you a variety)			
SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/>			
INCLUDE SPANISH TAGS TRANSLATED INTO SPANISH? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, HOW MANY TAGS?	
HOW DID YOU HEAR ABOUT BRIDGET'S CRADLES?			
WHY WOULD YOU LIKE TO OFFER BRIDGET'S CRADLES AT YOUR HOSPITAL?			

