

Here is my donation to  
**Pink Pledge**

To benefit

**Norma Pfriem**



Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to "BHF/NPBC"

\_\_\_\_\_ Please charge my credit card in the amount of \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you for your donation!**

**Mail this form with check Payable to "NPBC/BHF" to:**  
Norma Pfriem Breast Center  
Bridgeport Hospital Foundation  
267 Grant Street  
Bridgeport, CT 06610