

**Everybody has a gift.
Imagine the impact yours can make.**

The employee giving campaign is one more way to show our community that extraordinary care starts with us. It also offers a convenient way to make tax-deductible gifts year-round to support the programs and services that you find most meaningful. Philanthropy touches every one of our patients, so every donation, no matter the size makes a difference in the lives of the patients and families we care for every day.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name as you wish it listed in all acknowledgements: _____

Your Department: _____ Employee ID #: _____ Work Ext: _____

Preferred phone: _____ Preferred email: _____

Amount of Gift: \$ _____

Please direct my gift to:

CARE Fund \$ _____

Cottage Rehabilitation Hospital (CRH) \$ _____

- Area of Greatest Need
- Junior Wheelchair Sports Camp
- Patient Assistance Fund*

Goleta Valley Cottage Hospital (GVCH) \$ _____

- Area of Greatest Need
- Family Assistance Fund**
- Brick Campaign for Restorative Garden

Santa Barbara Cottage Hospital (SBCH) \$ _____

- Cottage Children's Medical Center (CCMC)
- Family Assistance Fund:** Children Adult
- Emergency/Trauma
- Healing Arts Music Program

Santa Ynez Valley Cottage Hospital (SYVCH) \$ _____

- Patient Care Fund (3D Mammography Initiative)
- Endowment Fund

Other: _____ \$ _____

(Please specify hospital and purpose)

*Supports charity care for rehabilitation services.

**Helps families facing financial challenges as a result of hospitalization.

Your gift will go to the affiliated foundation for the hospital selected.

In Memory of In Honor of _____

Payment Options:

Payroll Deduction: Begins with the 1st pay period following receipt of this form. There are 26 pay periods per year.*

Please deduct my ongoing payroll gift of:

\$ _____ for _____ pay periods; or \$ _____ per pay period until I notify you to stop.

Signature required for payroll deduction.

* If payroll deductions are currently being made on a previous pledge, payroll deductions on your new pledge will commence when that pledge is completed.

- Enclosed is a check, payable to:
Santa Barbara Cottage Hospital Foundation (SBCH and/or CCMC)
Cottage Rehabilitation Hospital Foundation (CRH)
Goleta Valley Cottage Hospital Foundation (GVCH)
Santa Ynez Valley Cottage Hospital Foundation (SYVCH)

Make a secure credit card donation online at **cottagehealth.org/employee-giving**

Make your donation by phone at 805-879-8980 or x48980

- I wish to make this gift anonymously.
- I have included Cottage Health in my will, trust or estate plan.
- Please do not contact me in the future regarding fundraising efforts for Cottage Health. (Email optout@sbch.org or call 805-879-8980.)

Employee gifts will be recognized in the Cottage Health Annual Report.

Please complete and return this form to Advancement via interoffice mail, or via email to dkeever@sbch.org.

For questions, please call x48985 or email e1takacs@sbch.org.

Thank You For Your Gift!