

MAIL-IN DONATION FORM



Please print and fill out this form and mail or fax to
Santa Barbara Cottage Hospital Foundation
Pueblo at Bath Street, PO Box 689
Santa Barbara CA 93102
805/879-8980 Fax 805/879-8978

YES! I/We want to help provide the best possible care.

Name(s) _____
Address _____
City _____ ZIP _____
Telephone (_____) _____ E-mail _____

Enclosed is a tax-deductible gift of _____ payable to **SBCH Foundation**, for:

Children's Miracle Network Funds for Cottage Children's Medical Center Greatest Need
 Family Assistance Fund Grotenhuis Pediatric Clinic Fund Pediatric Concussion Clinic
 PICU Program Fund PICU Capital and Research Fund VIVI's NICU Family Assistance Fund

Enclosed is a check payable to above; or Please charge my/our credit card:

Name on card (*please print*) _____
Credit Card # _____ Exp. date _____
Signature _____

I/We would like to make this donation
In honor of _____
In memory of _____

Please notify the following of this donation
Name(s) _____
Address _____
City _____ ZIP _____

To learn more about how you can make a life-income gift, such as a charitable gift annuity, or making a gift through a will or bequest, visit <http://sbch.giftlegacy.com/>