

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:

- Santa Barbara Cottage Hospital Foundation Goleta Valley Cottage Hospital Foundation
(for Santa Barbara Cottage Hospital, which includes Cottage Children's Hospital) Santa Ynez Valley Cottage Hospital Foundation
 Rehabilitation Hospital Foundation

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 www.cottagehealthsystem.org/SupportCottage.aspx