



CHILDREN'S SERVICES DONATION FORM

Thank you for your generous gift to Cottage Children's Medical Center.
Please provide your contact information below so that your gift can be acknowledged by the Santa Barbara Cottage Hospital Foundation.

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(Cottage employee) I confirm that I accepted/received the above gift on behalf of CCMC:

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Please return completed form to Child Life or:

Ann M. Peyrat, CMN Gift Officer
Santa Barbara Cottage Hospital Foundation
PO Box 689, Santa Barbara, CA 93102-0689
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