

Imagine the impact your gift can make.

The annual Employee Giving Campaign is a way to show our community that extraordinary care starts with us. It also offers a convenient way to support the programs and services you find most meaningful. Philanthropy touches everyone in the community—our patients, our co-workers, our family and friends. Every donation makes a difference, no matter the size.

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: _____

Please direct my gift to the fund identified below:

Support Your Cottage Health Team Members

CARE (Cottage Assistance & Relief for Employees) Fund \$ _____
 Volunteer Services Student Scholarship Program \$ _____

Support Children

Cottage Children's Medical Center Area of Greatest Need \$ _____

Support Patients & Their Families

Santa Barbara Cottage Hospital Family Assistance Fund \$ _____
 Cottage Children's Medical Center Pediatric Family Assistance Fund \$ _____
 Cottage Rehabilitation Hospital Patient Assistance Fund \$ _____
 Goleta Valley Cottage Hospital Family Assistance Fund \$ _____
 Santa Ynez Valley Cottage Hospital Patient Care Fund \$ _____

Support Your Hospital

Goleta Valley Cottage Hospital/Cottage Rehabilitation Hospital Area of Greatest Need \$ _____
 Rebuild & Renew Campaign (GVCH & CRH) \$ _____
 Santa Barbara Cottage Hospital Area of Greatest Need \$ _____
 Santa Ynez Valley Cottage Hospital Area of Greatest Need \$ _____

Support Our Community

Population Health \$ _____
 Other _____ \$ _____
(Please specify hospital fund and purpose)

This gift is:

in Honor of (Full Name)**

in Memory of (Full Name)

Please notify the following person of my gift:

 Address/Department/Email: _____

** If you wish to notify a fellow employee of your gift, please include their email and department.

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 begin when that pledge is completed.*

Enclosed is a check, payable to:

Santa Barbara Cottage Hospital Foundation (SBCHF)
 Foundation for Cottage Rehabilitation & Goleta Valley Cottage Hospitals
 Santa Ynez Valley Cottage Hospital Foundation (SYVCHF)

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.)

Please complete and return this form to Advancement via interoffice mail, or via email to advancement@sbch.org.
 For questions, please call x48985 or email e1takacs@sbch.org.

Thank You For Your Gift!