



The Cottage Health Campaign for Excellence
Gift / Pledge Agreement

In consideration and recognition of the value and life-saving impact of Santa Barbara Cottage Hospital, and in consideration of other persons making contributions or pledges to support the strategic growth and development, emerging technology and medical innovation, research, and operating or programmatic needs of Santa Barbara Cottage Hospital,

Please print name(s) here: _____

As [] an individual [] as spouses or partners [] as an organization

Hereby commit the sum of \$ _____ in support of Santa Barbara Cottage Hospital, to be paid to the Santa Barbara Cottage Hospital Foundation in the following manner:

- 1. \$ _____ by December 31, 20 ____
2. \$ _____ by December 31, 20 ____
3. \$ _____ by December 31, 20 ____
4. \$ _____ by December 31, 20 ____
5. \$ _____ by December 31, 20 ____

I/We wish for this gift to be anonymous. [] No [] Yes

The purpose of my/our gift is to support the following hospital priority:

- [] Emergency, Trauma & Critical Care [] Health of the Community [] Campaign Greatest Need
[] Cottage Children's Medical Center [] Education, Clinical Care & Research [] Other _____

I/We understand that Santa Barbara Cottage Hospital is relying on this gift and, therefore, I/We will not revoke it. Any unpaid balance of this pledge will be addressed in my/our estate plans.

Executed this ____ day of _____, 20 ____, at Santa Barbara California.

Signature

Signature

Please print name here

Please print name here

Complete, sign, and send your form via mail or email to:

Dennis Keever, Cottage Health Advancement Services
P.O. Box 689, Santa Barbara, CA 93102
(805) 318-5030 | dkeever@sbch.org



Thank you!

