



Good Neighbors Program Pledge Form

Thank you for your gift to Santa Barbara Neighborhood Clinics Good Neighbor Annual Giving Program. With your generosity, SBNC can give those in need the most important gift ever—the gift of good health!

Full Name _____

Address _____

City _____

State _____

Zip Code _____

Email _____

Phone _____

Amount of Gift: _____

Payment Method:

Check: Make checks payable to: *Santa Barbara Neighborhood Clinics*
414 East Cota Street, Santa Barbara, CA 93101

Credit Card: _____

Exp: ____/____/____ Security Code _____

I wish to pay in installments as follows:

Bill/charge card in December

Bill/charge card semi-annually in June and December

Bill/charge card quarterly in March, June, September and December

Other as followed: _____

Recognition:

Please recognize my name, family or business as followed: _____

I wish to remain anonymous.

Signature

Date

For more information, please contact Maria Long, Director of Development & Community Awareness
at (805) 617-7866 or maria.long@sbclinics.org