



# Good Samaritan Hospital

*A Tradition of Caring*

## **The Auxiliary of Good Samaritan Hospital**

To become a member of the Auxiliary, simply fill out this form and return it with your check or money order to Good Samaritan Hospital. For more information, please call 213-977-2902.

Life Member: \$500  
Annual Membership: \$50

**Circle One:** Mrs. Miss Ms.

**Name** \_\_\_\_\_

**Maiden Name** \_\_\_\_\_

**Husband's Name and Title** (*if applicable*)  
\_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State/Zip** \_\_\_\_\_

**Telephone** (    ) \_\_\_\_\_

**Fax if available** (    ) \_\_\_\_\_

Please make your check or money order payable to:  
*Good Samaritan Hospital Auxiliary*

Mail to:  
**Good Samaritan Hospital  
Development Department  
1225 Wilshire Blvd.  
Los Angeles, CA 90017**

**Thank you! We Look Forward To Having You As Part  
of Our Auxiliary!**