

This is a fillable form.

The Good Samaritan Center

I would like to...

Check YES

To make a difference in peoples' lives.

Volunteer:

Yes Good Samaritan Center

Contribute (tax deductible)

One Time Gift

Monthly Pledge

Pledge \$ _____ to be given on (date) _____

In Honor of _____

In Memory of _____

Please send acknowledgement to:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Please make checks payable to:

THE GOOD SAMARITAN CENTER

119 A Street

Lenoir City, TN 37771

(865) 986-1777

Your Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: _____