



**Shine
Your Light**

I'm shining a light in the name of:

Honoree's name: _____

Street address: _____ City: _____ State: ___ ZIP: _____

Amount: \$ _____ (please enclose check)

Donor's name: _____

Street address: _____ City: _____ State: ___ ZIP: _____

Telephone: _____

(Please mail completed card, along with your signed check, in the envelope provided.)

Good Samaritan Clinic Attn: Gift Records PO Box 3161 Fort Smith, AR 72913



**Shine
Your Light**

I'm shining a light in the name of:

Honoree's name: _____

Street address: _____ City: _____ State: ___ ZIP: _____

Amount: \$ _____ (please enclose check)

Donor's name: _____

Street address: _____ City: _____ State: ___ ZIP: _____

Telephone: _____

(Please mail completed card, along with your signed check, in the envelope provided.)

Good Samaritan Clinic Attn: Gift Records PO Box 3161 Fort Smith, AR 72913