

Celebrate the joyful arrival of a new little one in your family's life—or a special birthday—by purchasing a commemorative Family Birth Star.



All families celebrating a birth at Good Samaritan are invited to add their baby's name to the wall of stars, located just outside the Family Birth Center. Plexi-glass stars showcase the ever-growing number of babies born at Good Samaritan. Anyone born at Good Samaritan is eligible to add their name to the wall. You can add yourself, your child, a grandparent, a grandchild or any other member of your family.



Each star will have the name of the person born at Good Samaritan and their birth year (if desired), and it will remain on the wall for one year. Your purchase of a star will help support programs and services in the Family Birth Center, which guarantees quality care and classes in excellent facilities for all families, regardless of their ability to pay.

Small (3 ½") stars are \$25.00 each  
 Large (5") stars are \$50.00 each

To order a star, please fill out the form to the right and send to:



Good Samaritan Foundation  
 402 15th Avenue SE, Suite 101  
 Puyallup, WA 98372

Stars may also be purchased online at [www.goodsamhealth.org](http://www.goodsamhealth.org)



Good Samaritan has been delivering babies and providing support to families in our community for more than 50 years. Each year more than 2,000 families make the important decision to give birth at Good Samaritan. Our hope is that each and every experience is a comfortable and healthy one. Please contact the foundation at (253) 697-5090 with any questions on the Family Birth Stars program.



Small Star     Large Star    Birth Year \_\_\_\_\_  
 Name \_\_\_\_\_  
 Small Star     Large Star    Birth Year \_\_\_\_\_  
 Name \_\_\_\_\_  
 Small Star     Large Star    Birth Year \_\_\_\_\_  
 Name \_\_\_\_\_  
 Total Large Stars \_\_\_\_\_ x\$50= \_\_\_\_\_  
 Total Small Stars \_\_\_\_\_ x\$25= \_\_\_\_\_  
 Additional Gift \_\_\_\_\_ Total \_\_\_\_\_

Thank you for supporting Good Samaritan in providing compassionate care for the patients in our community.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Enclosed is my check     Please charge my credit card  
 Visa     Mastercard  
 Card number \_\_\_\_\_  
 Exp Date \_\_\_\_\_ / \_\_\_\_\_  
 Signature \_\_\_\_\_