

THE PATH TO SUCCESS

You can help the CTU treat even more children by purchasing a paver to be placed on the pathway in front of the 'ark'.

See inside for how you can make a lasting impact on the life of a child.




Good Samaritan
FOUNDATION

402 15th Ave. SE, Suite 100
Puyallup, WA 98372
253-697-5090
www.goodsamhealth.org



Good Samaritan

Children's Therapy Unit

THE PATH TO
SUCCESS....



Children Need to Play... Grow... Achieve...

For children with birth defects, autism, cerebral palsy, and other devastating conditions, Good Samaritan's Children's Therapy Unit offers help and hope.

For almost 40 years the caring staff at the CTU has worked with more than 30,000 families to give children with special needs hope and the opportunity to reach their full potential.

By purchasing a paver that will be placed on the path in front of the CTU, you can help build a path to success for any child who needs special help.

Your concrete paver can be engraved with your name, your child's name, or to honor someone you would like to celebrate. It signifies your lasting commitment to helping the children at the CTU.



Example of brick pavers.

Purchase your Paver Today!

Each 8x8 inch paver is \$300 for up to 20 characters, or help more children by purchasing two or even three!

Use the adjacent order form and return to the Foundation with your check or credit card information.



Make a Lasting Impression in the Garden

The Garden in front of the CTU is a special place for families and kids. For parents being helped at the CTU, often it is a spot of respite. For a larger gift of \$1,000, a large granite rock will be placed in the garden engraved with your name or a name of a loved one.

A granite bench can also be purchased for \$2,500, and will be a welcome retreat in the garden.

ORDER FORM

NAME_____

ADDRESS_____

CITY_____STATE____ZIP_____

PHONE_____

\$300 PAVER QTY_____

\$1,000 GRANITE ROCK

\$2,500 GRANITE BENCH

TOTAL \$_____

PAYMENT

CHECK AMT. ENCLOSED\$_____

VISA MASTERCARD

NAME ON CARD_____

CARD NUMBER_____

EXPIRATION DATE_____

20 CHARACTER INSCRIPTION:

Please return order form with payment to:

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