

# Samaritan

LIFE-ENHANCING CARE

[SamaritanNJ.org/giving](https://SamaritanNJ.org/giving)

Samaritan Gift Processing Center  
PO Box 71425  
Philadelphia, PA 19176-1425

Place  
Stamp  
Here

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## PAYMENT OPTIONS

- Check  
(Made payable to Samaritan)
- Please charge \$ \_\_\_\_\_  
to my credit card (Visa, Mastercard, AMEX)

Acct # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*Donate securely online:  
[SamaritanNJ.org/giving](https://SamaritanNJ.org/giving)*

Thank you for your gift to Samaritan. Samaritan's Gift Processing Center in Philadelphia ensures the prompt and secure receipt of your gift. Please be assured that Samaritan will use your gift to support our patients and their families right here in our local communities throughout Burlington, Camden, Gloucester, Mercer and Atlantic counties.

## Samaritan

Samaritan Administrative Office  
3906 Church Road  
Mount Laurel, NJ 08054  
(856) 552-3205

Samaritan is a 501(c)(3) not-for-profit organization, making your gift eligible for a tax deduction, as allowed by law. (EIN: 22-2344036)

## Memorial Gifts

A SPECIAL WAY TO HONOR OR  
REMEMBER YOUR LOVED ONE



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## Meaningful Way to Remember or Honor

Each year, Samaritan is the grateful beneficiary of memorial gifts. Most of these gifts are in loving memory of patients who received our care. These thoughtful donations help to sustain Samaritan's charitable mission.

When combined with the generosity of others, your contribution serves as a "living endowment," assuring that Samaritan's life-enhancing family of services will continue to be there for all who need us – now and in the future.

### ENCLOSED IS MY/OUR GIFT OF

\_\_\_\_\_

in memory of     In honor of

\_\_\_\_\_

### PURPOSE OF GIFT

*Please circle.*

Memorial	Retirement
Birthday	Appreciation
Get Well	Other: _____
Anniversary	

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**We will let a friend or family member know of your thoughtfulness. Send acknowledgement of gift to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_