



**Good Samaritan
Regional
Medical Center Auxiliary**

Name _____

Address _____

City / Zip Code _____

Please check the appropriate box(es):

- I have enclosed \$15 annual dues to the Good Samaritan Regional Medical Center Auxiliary.
(Jan. 1 – Dec. 31).
- I have enclosed \$125 for lifetime membership dues to the Good Samaritan Regional Medical Center Auxiliary.
- Please contact me to help with auxiliary sponsored events.
- Please send me information on how to become a hospital volunteer.
- I have enclosed a donation of \$ to the Good Samaritan Regional Medical Center Auxiliary.

Please send your membership dues to:

GSRMC Volunteer Services Department
3600NW Samaritan Drive
Corvallis, OR 97330