

Operation Good Samaritan

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I wish to make a donation to Operation Good Samaritan of \$ _____

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Signature _____

Please call me at (____) _____

*Contributions are tax-deductible

Please send contributions to:
Operation Good Samaritan
Department of Plastic Surgery
Loma Linda University
11175 Campus Street, CP 21126
Loma Linda, CA 92354