



Dr. Arthur and Teresa Rogers Legacy Society

Membership Form

The Rogers Legacy Society is being established to honor those individuals who are committed to making a difference in the lives of individuals struggling with mental health illnesses. Your legacy gift will help ensure that patient programs and services continue to expand to serve more individuals and benefit the greater community.

Name(s) _____

Address _____

City _____ ST _____ Zip _____

Phone (day) _____ (evening) _____

Email _____

Birthdate _____

Spouse/Partner Birthdate _____

- Yes, please register me/us as a CHARTER MEMBER of the Rogers Legacy Society.
My/our membership acceptance will be made out in the following name(s)

(Please print exactly as you want your names to appear)

- I/ we prefer *anonymous* membership.

Signature _____ Date _____

Signature _____ Date _____

My gift to Rogers Hospital Foundation is in the following form(s):

Type of Provision (please check)

Est. Amount (optional)

Bequest in my will

Bequest in my trust

Charitable Trust naming Rogers as a beneficiary

Designee of a Life Insurance Policy

Retirement Plan Beneficiary

Gift of highly appreciated securities

Outright Gift for Endowment

Other

Comments about my gift (intention, memorial, tribute, etc.) _____

**Rogers Memorial Hospital Foundation, 34700 Valley Road, Oconomowoc, WI 53066
Phone: (262) 646-1646 Fax: (262) 646-1355 Email: infofdn@rogershospital.org**