



Donation Form

Please complete and return this form with your donation to:

Rogers Memorial Hospital Foundation
34700 Valley Road | Oconomowoc, WI 53066

Please contact the Foundation Office to make pick-up arrangements or to discuss additional details. See contact information below.

- DONATION CATEGORIES:**
- Antiques & Memorabilia
 - Art
 - Books
 - Clothing & Accessories
 - Collectibles
 - Dining
 - Electronics
 - Gift Baskets
 - Handcrafted
 - Home Interiors
 - Housewares
 - Jewelry
 - Performing Arts & Entertainment
 - Services
 - Sports & Fitness
 - Unique Experience
 - Vacations
 - Wine & Spirits
 - For Her
 - For Him
 - For Teens
 - For Kids
 - For the Holidays
 - One-of-a-Kind
 - Other

Name of Donation _____

Individual Gift

Complete Name of Donor(s) _____

Corporate/Retail Gift

Business Name _____

Owner/Contact Name _____

Name to be Used in Program/Acknowledgements _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Donation Value \$ _____ Expiration Date _____

Description, Restrictions or Other Instructions Applying to Donation _____

Name of Solicitor/Source _____

Phone _____ Email _____



The Rogers Memorial Hospital Foundation raises philanthropic support to ensure the future of the hospital as it provides effective treatment for those suffering from mental illness.

FOR OFFICE USE ONLY

Donation No. _____

Donation Location _____

Date Acknowledged _____

- GOLF OUTING
- CELEBRATE THE LIGHT GALA
- WOMEN'S GATHERING
- GENERAL