



ROGERS | Foundation
Behavioral Health

Yes! I would like to honor a Rogers' staff member who made a difference for me!

The person I would like to place in the LimeLight is:

Name (first and last):

Treatment program name and location:

What makes this person special:

Please attach additional comments with this form, or email them to:
infofoundation@rogersbh.org.

Donor Information

Your Name (first and last):

Address:

City, State, Zip:

Email:

Mobile phone:

Enclosed is my gift:

The gift amount will always remain confidential.

\$25 \$50 \$100 \$250

\$500 \$1,000 Other \$ _____

My check payable to Rogers Foundation is enclosed

**Mail form with donation to: Rogers Foundation
34700 Valley Road, Oconomowoc, WI 53066**

I understand that my name and comments will be shared with my LimeLight recipient.

I give Rogers permission to share my comments in digital and/or print communications for marketing and fundraising purposes. Your name will not be used.

Typing your name serves as your electronic signature and signifies your consent to use the content as indicated above.
