



DONATION FORM

Thank you for considering making a donation to Rocky Knoll Health Care Center. All donations are 100% used for the purposes of enriching the lives of our residents, bringing them joy and comfort beyond that which our State funding allows. All gifts are tax deductible.

I would like to donate the following amount: \$ _____

I would like my donation to be specifically directed towards: _____

Please provide the following information:

Name	
Address	
Phone #	

Donations by Check: Please make your check out to Rocky Knoll Health Care Center and mail to the address below. You may designate the check to go to whatever department or activity you choose. Otherwise we will use the funds as we see fit.

Donations by Credit Card: Instructions are coming soon.

Alternative Donation Types/Arrangements (stocks, property, bequests, etc.):

If you would like information on donating by an alternative method, please call the Rocky Knoll staff accountant at 920-893-6441.

All donations make a difference and are greatly appreciated. If you are making a donation of \$250.00 or more and wish to have a memorial engraving placed onto our Giving Tree located near the facility's Main Lobby, please complete the reverse side of this form and return to Rocky Knoll.

Rocky Knoll Health Care Center
N7135 Rocky Knoll Parkway, Plymouth, WI 53073
Tel: 920-893-6441



Donation Amounts: Giving Tree Leaves

\$250 - \$499 : Silver Leaf	\$500 - \$999 : Bronze Leaf
\$1,000 - \$1,499 : Gold Leaf	\$1,500 - \$2,499 : Acorn
\$2,500 - \$4,000 : Crowned Acorn	

Donation Amounts: Giving Tree Plaques

\$5000 : Bronze Level	\$10,000 : Silver Level	\$20,000+ : Gold Level
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Please print clearly below, using one character per box, including spaces, exactly as you would like your engraving to appear:

Please choose one of the following options:

☐ Standard message #1 "In Memory of"

☐ Standard message #2 "In Honor of"

☐ Print your own message

 (optional 3rd line for Acorns only)

We want to acknowledge your generosity accurately. By signing below I acknowledge that the above information is accurate and approved for engraving.

Signature: _____