



CITY OF ROGERS

ADULT WELLNESS CENTER

Adult Wellness Center Donation Form

Please return this completed form with check payable to: **Adult Wellness Center
2001 W. Persimmon
Rogers, AR 72756**

Donor Name _____

Donor Address _____

City _____ State _____ Zip _____

Donor Phone _____

Donor email (optional) _____

If this is a memorial gift, please list in whose memory this is being made:

**Is there a family member to whom you would like us to send notice of this gift?
If so, please provide the contact information below:**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____