

Donation Page

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell _____

My / Our gift of

___ \$100 ___ \$250 ___ \$500 ___ \$1000 Other _____ is enclosed.

This gift is: IN MEMORY OF _____

and / or

IN HONOR OF _____

Yes, I would like more information on Naming Opportunities. Please contact me. _____

Please make gifts payable to: Rock River Center, Inc.

810 S 10th St.

Oregon, Illinois 61061

815-732-3252

1-800-541-5479

815-732-4318 Fax

www.rockrivercenter.com

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