



Golf Tournament

AUCTION DONATION FORM

Thank you for your generous donation. Please complete this form to properly showcase your gift for our event!

Donor Information *Please complete fully and print for receipt and acknowledgment.*

Business or Donor Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Donated Item

Item Name: _____

Description *(include restrictions or expiration if applicable):*

Estimated Value: \$ _____

☐ Item included today. ☐ Donor will deliver. ☐ Pickup requested. *Pickup Date:* _____

UPC Volunteer Name: _____

**Thank you for supporting The Unexpected Pregnancy Center.
Your generosity helps honor life and preserve families
throughout our community.**

For more information, please contact Jennifer at:
Cell: 337-224-9955 Email: info@unexpectedpc.com