Unexpected Pregnancy Center

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: _____