

“Fall Benefit 2025”
Pregnancy Support Center of Dodge County
Saturday, September 20, 2025
Juneau Community Center, 500 Lincoln Drive, Juneau. WI ~ Event Location

AUCTION DONATION FORM

****Donations Must Be Received By August 20, 2025 For Inclusion In The Auction Program****

NAME: _____ PHONE NUMBER: (____) _____
BUSINESS NAME: _____
ADDRESS: _____
CITY*STATE*ZIP _____ EMAIL: _____

GOODS & SERVICES DONATION

NO DONATIONS ACCEPTED AFTER SEPTEMBER 1, 2025.

DONATION(S):

(NEW MERCHANDISE ONLY)

OR

SERVICES

PLEASE GIVE FULL DESCRIPTION OF ITEM:

ESTIMATED RETAIL VALUE: \$ _____ (Opening bid will be ½ of retail value)

Donations may be dropped off at Pregnancy Support Center on:

- *Mondays 9am to 5pm*
- *Wednesdays 12pm – 8pm*
- *Thursdays 9am – 5pm.*
- *To arrange for pick-up of your donation, call the Center @ 920-219-9305 or email at pscdc16@gmail.com.*

Thank you.

Donations are tax deductible. *Copy and save this form; contact your tax advisor.*

This will serve to acknowledge a charitable contribution to Pregnancy Support Center of Dodge County as required by Section 170 of the Internal Revenue Code. No goods or services were provided by this organization in exchange for the contribution.

*Pregnancy Support Center of Dodge County is a **501(c) (3) not-for-profit organization**. All gifts are tax deductible. **Tax ID #46-1738683**. The donee organization provided no goods or services in consideration, in whole or in part, for the donor's contribution.*

CASH CONTRIBUTION:

Enclosed is my check (**Payable to Pregnancy Support Center of Dodge County**) for:

- _____ \$50 Bronze Level Contribution
_____ \$100 Silver Level Contribution
_____ \$200 Gold Level Contribution
_____ \$500 Platinum Level Contribution
_____ Call Me - I would like to underwrite a portion of your event.
_____ **I PREFER TO REMAIN ANONYMOUS.**

**Businesses donating to
our event will be
recognized at the Fall
Benefit. Please join us.**

PLEASE MAIL ALL CHECKS (PAYABLE TO Pregnancy Support Center of Dodge County) TO:

Memo: Auction Donation
108 Parallel St.
Beaver Dam, WI 53916
920-219-9351

Charge my VISA MasterCard in the Amount of \$ _____

Charge Card # _____

Expiration Date: _____ Security Code: _____ CC Zip Code _____

Signature: _____