

2025 PSC Fall Benefit Registration Form September 20 at Juneau Community Center 5-9PM

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE COMPLETE, ENCLOSE PAYMENT OR CREDIT CARD INFORMATION, AND MAIL TO PSCDC, 108 PARALLEL ST., BEAVER DAM, WI 53916.

Place Quantity in the box ~ Tables are 8' X 3' ~ please list your Guests. Cost is **\$45 per individual** across the board. Tables are **NOT** reserved; first come first serve!

Guest _____ Guest _____

Guest _____ Guest _____

Guest _____ Guest _____

Guest _____

☐ I am paying by check. Total enclosed is \$ _____
Please make check payable to Pregnancy Support Center of Dodge County.

☐ I am paying by Credit Card. Total is \$ _____
Card Number: _____
Expiration Date: _____ **Security Code:** _____
Name as shown on Card: _____

I am unable to attend but will contribute \$ _____

Your Signature: _____

DUE SUNDAY, SEPTEMBER 14, 2025!