



April 8, 2025

Auction Donation Agreement

Donor's Name _____

Business Name _____

Address _____

City/State/Zip _____

Email Address _____

Phone _____ Fax _____

Donor's Signature _____ Date _____

Donated Item or Service

Brief Description _____

Restrictions, if applicable _____

Value: \$ _____

Delivery or Pick Up Instructions _____

Cash Contribution

Amount: \$ _____ Please make checks payable to Bay Area Women's Center

Please return to Bay Area Women's Center, P.O. Box 1458, Bay City, MI 48706
Questions? Contact Lindsay Richardson: lrichardson@bawc-mi.org or 989-686-2251