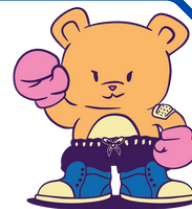




KNOCKOUT T1D

PRESENTED BY THE
TUCSON T1D WARRIORS
NOVEMBER 14, 2025



DONOR INFORMATION

Company/Individual Name _____ Contact Name _____

Donor Name for Catalog (*list exactly as you wish to appear in Auction Catalog*) _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____ Fax _____

Company Website _____

Name of Individual for Thank You (*if different than Donor/Contact Name*) _____

AUCTION DONATION

Item Donated _____ Donor Stated Retail Value \$ _____

Donation Description (*i.e color, quantity, size, number of people, etc.*) Please be complete as this will be used to write the Auction Catalog description.

For tangible items:

- ☐ Item accompanies donor form
- ☐ Donor/Company will deliver or send on ____/____/____

For intangible items: (*Donor please include any appropriate display materials*)

- ☐ Certificate accompanies donor form
- ☐ Donor will provide a certificate by ____/____/____
- ☐ Donor requests Breakthrough T1D make a certificate

For Internal Use Only.

Procurement # : _____

Package # : _____

Catalog # : _____

Item Recd: _____

Certificate: _____

TY Sent: _____

Restrictions: Must state any limitations or special restrictions (*if field is left blank, Breakthrough T1D will assume there are no limitations or special restrictions.*)

Expiration Date (*please allow at least one year from November 14, 2025 for any expiration dates*): _____

RETURN FORM

Please return form and donation no later than **October 10, 2025**

Please coordinate the delivery of the donated items with our representative presenting you with this form or
Lori Leavitt at lorlorleavitt@gmail.com or call (480)241-8180

Donor Signature _____
(*Donation will not be processed without a donor signature*)

Date _____

I am unable to donate an item but have included a donation in the amount of \$ _____
Checks made out to *Breakthrough T1D*