

OPERATION BreakthroaGh



27th Annual Fundraiser

Thursday, June 12, 2025

Auction Donation Form

Business/Individual Name: _		
·	(Use exact name yo	ou wish listed in the auction booklet.)
Contact Person:		
Address:		
any restrictions such as number of are donating an event or tickets to	people, expiration dato o an event, please give	cription of the item, service or event. Include te, or special considerations. <i>IMPORTANT</i> : If you e the specific date.
Value: \$ (For mobile	bidding listing.) Iter	m solicited by:
We would like do	onation forms receive	ed by: MONDAY, MAY 27, 2025
Item Delivery: (Please check the	e method most conv	enient for you.)
☐ Item is EN	ICLOSED.	We will MAIL donation.
☐ We will DE	ELIVER donation. \Box	Please PICK UP our item.
OR MAIL TO: Oper		OBfundraiser@gmail.com P.O. Box 412482, K.C., MO 64141 YOUR TAX RECEIPT
	1(c)(3) nonprofit orgar ods or services were gi	nization. Tax ID #43-0971560 iven for this donation.
		contact Lee Duckett rationbreakthrough.org
THAN	NK YOU FOR YOUR GE	ENEROUS SUPPORT!
OFFICE USE ONLY: Received: _	Pick up	o: Display/GC: