2nd ANNUAL CORTEXA CLASSIC
Wednesday, November 11, 2026

ITEM DONATION FORM

ITEM NAME *(one form per item or service please)*: _____

Detailed Item Description for Raffle:_____

_____

Estimated Fair Market Value: _____

Gift Certificate or Card: ☐ Included ☐ Donor Will Send ☐ Arrange Pick Up

Expiration Date: _____ Restrictions: _____

Item: ☐ Received ☐ Donor Will Send ☐ Arrange Pick Up

DONOR INFORMATION

Name As You Would Like It To Appear:_____

Address:_____

Phone:_____ Email:_____

Donor Contact's Name:_____

Donor Contact's Signature:_____

Your Gift Is Tax Deductible to the Extent Allowed By Law. Our EIN Number is 33-4728485

For Office Use Only

cc to Donor _____ Solicitor's Name _____

cc to Event Chair _____ Solicitor's Phone _____

CORTEXA THERAPEUTICS INC.
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