

NEWSNOTES

CHILDREN'S DIABETES FOUNDATION AT DENVER — SUMMER 2008

Brass Ring Luncheon photos: © Glenn Janssen Photography



29TH BRASS RING LUNCHEON - A STUNNING SUCCESS

The Brass Ring Luncheon benefiting the Children's Diabetes Foundation has proven once again that it's one of the best events each fall. Many fashionable attendees may remember that the spring styles they're seeing on the streets right now were debuted at the Neiman Marcus-sponsored Escada fashion show, held October 9th at the Denver Marriott City Center.

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Brass Ring Luncheon

(Continued from Cover)

More than 850 guests arrived at the hotel early to shop at the auction and Jewels for Hope tables that preceded the Brass Ring Luncheon. The ballroom was elegantly decorated with simple black and white, highlighted with touches of pink tissue, green and white centerpieces and chocolate hearts filled with Belvedere chocolates. Emcee Kim Christiansen, 9 News, opened the show with sports star, writer and community leader Reggie Rivers who presented the Live Auction. There were two fabulous items for the Live Auction; the first was a \$1,000 Escada shopping spree courtesy of Neiman Marcus. The second was a \$6,000 certificate redeemable at any wonderful destination spa available via The Spa Connection courtesy of Diana and Paul Docktor. Both proved to be very desirable certificates and bidding was quite competitive.

Kim and Reggie were then joined onstage by everyone's heroes: young people from the Barbara Davis Center. Dominic Abou-Jaoude, Aiden Frei and Anna Warden thanked the sponsors and supporters who made the event possible while Jordon Lebsock gave the invocation and charmed the crowd, reminding everyone of the primary reason they were there (besides the shopping). Brass Ring Luncheon chair Gina Abou-Jaoude thanked the auction chairs and volunteers for all their hard work and expressed gratitude to her family for their love and support and to her son Dominic, "for his strength and courage living with this disease. He has embraced his condition these past ten years and has not let it hold him back from being an honor student, athlete, role model, and wonderful person. I am so proud to be here today."



Dominic, Gina, Fadi and Gianna Abou-Jaoude



Adrienne Ruston Fitzgibbons, Sharon Gelt, Connie Genova and Jamie Angelich

Guild President Debbie Gradishar then spoke about the BDC programs that are supported by the generosity of patrons and stressed the importance of events like these and the desire to find a cure. Christel Dikeman, Vice President and General Manager of Neiman Marcus, Cherry Creek, proceeded to introduce the main event, the Escada Fashion Show. Sally Newcomb, Guild President Elect and Judy McNeil, 2008 Brass Ring Luncheon chair were

also on hand to build enthusiasm for next year's event!

The young people were busy this year greeting guests and collecting donations for the "Be-A-Star" fund which promotes awareness for diabetes and raises funds to provide basic diabetes supplies for many patients at the BDC. An adorable stuffed animal complete with a miniature dog tag was given to each donor as an expression of thanks.



Wheatridge High Cheerleaders and Pom Squad



Anna and Ingrid Warden



Kim Christiansen



Reggie Rivers



Debbie Gradishar

..... Brass Ring Luncheon

Brass Ring Luncheon



Ellie White

The Children's Diabetes Foundation would like to extend special thanks to Premier Sponsors: The Crazy Merchant and Bill & Deb MacMillan as well as Katherine Stapleton. Major Sponsors: Denver Marriott City Center, Loews Denver Hotel and Neiman Marcus. Thank-you to the Angels: Barbara Hilliard, Patty Jenkins, Meagher Oil & Gas Properties, LLC – Matt & Cheri Meagher, Connie & Arnold Pohs and Saunders Construction – Dick Saunders. Also to the Corporate Sponsors: Accounting & Office Perspectives, Jamie Angelich, Boyar Asset Management, BWAB Incorporated, Forest Oil, David & MaryAnn Keyte, Meeting Creations, LLC - Debbie Gradishar, Midtown Group LLC, Don & DiAnn Marcotte and Jim & Beth Jackman, NexGen Resources - Charlie & Judy McNeil, Post-News Community, Republic Financial Corporation, Unitime Systems and Bill & Judy Korstad.

Frank, Lisa Johnson and Milstein Family Foundation: Jon Franklin, Kris Franklin.

Each guest left with a gift bag from the following sponsors: Escada, Belvedere's of Cherry Creek, Colorado Surgical Arts, The Crazy Merchant, Frame de Art, Ling & Louie's Asian Grill, Rocky Mountain Sunscreen and Udderly Smooth. The highest bidder from each table took home a beautiful floral centerpiece designed by David Squires of Design Works.



Jordan Lebsock



BRASS RING LUNCHEON KICKS OFF IN STYLE



Neiman Marcus Cherry Creek was the site of the Brass Ring Luncheon Kickoff Party on May 16th. Neiman Marcus, Christel Dikeman and Nancy Sajan co-hosted a marvelous brunch and announced the fabulous "Designer Extraordinaire" fashion show.

A special thank-you to Platinum Sponsors: Wells Fargo Bank – Private Client Services, Wells Fargo Bank – Professional Services, Betty Blecker and Loretta & Leigh Norgren Foundation. Finally, we would like to thank the Gold Sponsors: Scott & Cheri Axelrod, Chick & Chris Foster, Allan & Margot

DiAnn Marcotte and Cheri Meagher, Kickoff chairs, welcomed the attendees and thanked sponsors for their continued support, as did Sheree McLaughlin, auction co-chair. Debbie Gradishar was recognized for her successful term as Guild President.

Models were dressed in the latest Escada designs, previewing the styles that would be seen on the runway in the fall, adding incentive to purchase a table. Spirits were high and everyone was excited for the Brass Ring Luncheon!



BRASS RING LUNCHEON AUCTION

This year's premier Brass Ring Luncheon Live Auction item was generously donated by Diana Docktor – a destination certificate from The Spa Connection...your connection to life-enhancing vacations. Luncheon sponsor, Neiman Marcus, donated a fabulous \$1,000 Escada shopping spree. Reggie Rivers got the crowd excited and got them bidding high! Thank you, Diana, Neiman Marcus and Reggie!

The silent auction was a unique collection of rare and extraordinary treasures. Countless volunteers and generous donors had given their time and gifts to create an astounding auction, which raised close to \$50,000! Special appreciation is expressed to auction Co-Chairmen Diana Docktor and Sheree McLaughlin and gift basket Chairman, Sharon Kamen. Gratitude is also expressed to the auction committee: Robin Adelstein-

Martin, Rachel Anger, Crystal Armstrong, Sharon Cooper, Annie Cotton, Nancy Cowee, Andrea Fey, Chris Foster, Lisi George, Nancy Hazuka, Christine Hilliard, Judy Korstad, Pat Lansing, Suzy Love, DiAnn Marcotte, Cheri Meagher, Ilene Milstein, Arlene Pellegrino and Jane Weingarten. The Brass Ring Luncheon auction committee would like to express heartfelt appreciation to the businesses and individuals that had unselfishly given gifts to the auction.

Our next
Brass Ring Luncheon
is Wednesday,
November 19, 2008
at the
Denver Marriott
City Center.
Fashion Show
presented by
Saks Fifth Avenue.
For more information on
how to participate,
please call
Susie Hummell
at CDE,
303-863-1200

BRASS RING PATRON PARTY HONORS SPONSORS

The Loews Denver Hotel was buzzing with excitement during the Brass Ring Patron Party September. Approximately 100 guests enjoyed wonderful food and a delightful reception in support of the Brass Ring Luncheon. Cocktail tables were festively decorated with hot pink floral arrangements and silver cloths, tents draped with pink ribbon provided shelter while shimmering white lights sparkled in the warm fall air and soft music drifted over the sounds of warm conversation enjoyed amongst friends.

Sharon Kamen, patron reception chair, welcomed the guests and introduced BRL chair Gina Abou-Jaoude who expressed her gratitude saying, "Your continued and generous support is more than we could ever hope for. Thank you for believing in us."

"Thank-you" was the theme of the night and it could be seen everywhere, on every banner, in many languages because "thank-you" cannot be expressed enough to all of our volunteers, patrons and sponsors. Premier Sponsor, The Crazy Merchant kindly provided gifts for the female attendees.



Brass Ring Luncheon

● JDRF ● ESTABLISHES ● AUTOIMMUNITY ● CENTER AT THE ● BDC



The Barbara Davis Center for Childhood Diabetes at the University of

Colorado Denver has received funding to establish the nation's seventh Juvenile Diabetes Research Foundation Autoimmunity Center. The Autoimmunity Center will receive approximately \$1 million a year for the next five years funding research projects that further a cure for type 1 diabetes. By partnering together, the Barbara Davis Center and the JDRF will combine resources to develop therapies that target immunoprevention of type 1 diabetes.

"The JDRF Center will bring together faculty with complementary expertise and knowledge to advance the understanding of pathogenesis diabetes in animals and humans as well as allow us to implement trials in human subjects based on the results," said John Hutton, PhD, research director at the Barbara Davis Center for Childhood Diabetes at the University of Colorado Denver and principal investigator on the grant. "We have learned an immense amount in the past 20 years about the causes of the disease and have sophisticated genetic and immunological assays to predict it – the challenge is how to translate this knowledge into effective therapies, particularly those aimed at circumventing the progression of autoimmunity to clinical disease. The JDRF

Center will help us tremendously with addressing this challenge."

"We are delighted to establish the JDRF Autoimmunity Center at the Barbara Davis Center," said Teodora Staeva, PhD Program Director, Autoimmunology, at JDRF. "This JDRF Center will focus on developing novel antigen-specific approaches to predict, prevent, and possibly reverse type 1 diabetes."

The Barbara Davis Center for Childhood Diabetes will be the administrative hub of this JDRF Autoimmunity Center and will team scientists with clinical researchers. The staff includes Dr. Hutton, George Eisenbarth, MD, PhD; Peter Gottlieb, MD; Howard Davidson, PhD; and Danny Zipris.

Two of the three main research projects will focus on the new autoantigen, ZnT8—the recently discovered fourth antigenic specificity recognized by an antibody in human blood that will more accurately help predict predisposition to type 1 diabetes. The initial research and discovery was made by Dr. Hutton and his team of researchers at the Barbara Davis Center.

A clinical trial using an insulin-based vaccination procedure aimed at preventing the occurrence of autoimmunity leading to diabetes will be conducted in children with high risk of developing type 1 diabetes.

NEW CONTINUOUS GLUCOSE MONITORING (CGM) CLASS:



Families are invited to attend an approximately 90 minute session on

continuous glucose monitoring (CGM) which will now be offered at the BDC once monthly. It is intended to provide more information for families considering CGM or for those who have a CGM and need more information. Topics will include:

- What is CGM?
- Who should use CGM?
- What are the pluses and minuses of CGM?
- Is it right for you?
- What is the next step?

The class will be taught by Dr. H. Peter Chase, Laurel Messer, RN, CDE, Susie Owen, RN, CDE and other nurses when available. If families then decide to proceed with CGM, the BDC will send a prescription and letter to their insurance provider. Insurance coverage at this time is still extremely variable. After the CGM is obtained, arrangements will be made with a CGM trainer to begin the CGM. We will also offer a follow-up session with downloading of the CGM values with interpretation by the person's own diabetes MD/RN sometime in the one to four week post CGM initiation.

The three commercially available CGM systems: Medtronic/MiniMed, Abbott Navigator and

DexCom will all be shown and families will have a chance to examine. Although only the Medtronic/MiniMed CGM is approved by the FDA for children as of this date, any of the three can be ordered “at the discretion of the physician.” The Abbott Navigator was only recently approved by the FDA on March 13, 2008. Advantages and disadvantages of the three systems will be discussed.

To help the Center, insurance will be billed \$59.00 per family for the class. Unfortunately, those families requiring a co-pay by their insurance will need to cover this.

People can sign up for the class either at the time of their clinic visit or by calling 303-724-6744. A message can be left (name, date desired, phone number and physician) after hours. A maximum of 10 families will be accepted for any class. The dates for currently planned classes are:

- Wed. May 14, 4:00 – 5:30 pm
- Wed. June 4, 4:00 – 5:30 pm
- Wed. July 9, 4:00 – 5:30 pm
- Wed. Aug. 6, 4:00 – 5:30 pm
- Wed. Sept. 3, 4:00 – 5:30 pm

LATENT AUTOIMMUNE DIABETES IN ADULTS (LADA)

— Ramachandra G. Naik, MD

INTRODUCTION



A very large amount of clinical and basic research supports our current

understanding that there are two major types of diabetes, termed type 1 diabetes and type 2 diabetes. The underlying pathophysiologic disease processes for these are usually thought to be markedly different. The disease process in classical type 1 patients is believed to be autoimmune in nature, whereas the disease process in classical type 2 is not autoimmune. In 1974, two separate groups of investigators discovered that islet cell antibodies were common in the sera of patients with type 1 diabetes, and this provided strong evidence that the B-cell lesion of type 1 diabetes was autoimmune in nature; autoimmune B-cell destruction leads to insulin deficiency; circulating autoantibodies, such as autoantibodies to islet-cell cytoplasm (ICA) and/or to glutamic acid decarboxylase 65 (GAD65; GADA) and/or to the intracytoplasmic domain of the tyrosine phosphatase-like protein IA-2 (IA-2A) are markers of this process. However, in clinical practice, the diagnosis of type 1 and type 2 diabetes is made phenotypically using variables such as age at onset, apparent abruptness of onset of hyperglycemia, presence of ketosis, degree of obesity (especially central and intra-abdominal), prevalence of other autoimmune diseases, and apparent need for insulin replacement. This clinical distinction is recognized to be imperfect. Our ability to distinguish the type 1 versus the type 2 disease process also has limitations due to genetic, immunologic, and functional complexity. There are no reliable markers for type 2 diabetes and therefore the absence of markers or manifestations of type 1 diabetes is frequently taken as indicating type 2 diabetes.

Before the recent exponential increase in childhood obesity, type 1 diabetes has been the most common diabetes seen in Caucasian children of European descent, and the disease process in these patients is almost always autoimmune. The diabetes that occurs in obese children is frequently phenotypically type 2, but a surprisingly high frequency of islet autoantibodies in these children has been found by several investigators suggesting a combination of type 1 and type 2 diabetes disease processes in some of these children. In contrast, in adults over the age of 40 in these same populations, both clinical type 1 and type 2 diabetes occur. The type 2 diabetes disease process is thought to be common in the older age group but the prevalence of the type 1 diabetes process is unknown. Epidemiologic studies have suggested that the incidence rate of type 1 diabetes peaks twice, once close to puberty and again around 40 years of age and it has been suggested that the overall incidence rate of type 1 diabetes is approximately equivalent above and below the age of 20. This relatively high incidence rate of type 1 diabetes in adults is often not appreciated, probably because of the over 10-fold greater frequency of type 2 diabetes in this age group.

Soon after the demonstration of ICAs in type 1 diabetes, it was published that ~11% of patients with type 2 diabetes were also positive for ICAs; compared to ICA- type 2 diabetic patients, this ICA+ subset of type 2 diabetic patients tended to fail sulfonylurea therapy and needed insulin treatment earlier. Subsequently, several other investigators have also identified a similar subset of

● phenotypic type 2 diabetic patients who are positive for the antibodies commonly found in type 1 diabetes; this subset has been variously termed as latent autoimmune diabetes in adults (LADA), type 1.5 diabetes, slowly progressive IDDM, latent type 1 diabetes, youth-onset diabetes of maturity, latent-onset type 1 diabetes, “double” diabetes, and antibody-positive non-insulin-dependent diabetes. Although the different names have caused some confusion, the finding of this subset of phenotypic type 2 diabetic patients by many different investigators rather than just one or two groups confirms their existence as an important subset of diabetes. It is believed by many that the autoimmune β -cell destructive process proceeds more slowly in LADA than in classical childhood onset type 1 diabetes, or the destruction may stop at a “moderate” stage. But, some patients may have more rapid progression to complete or severe beta cell deficiency than others.

● **DEMOGRAPHIC AND CLINICAL CHARACTERISTICS**

● Epidemiological data demonstrate that LADA accounts for 2-12% of all cases of diabetes. A prospective observation on the natural history of the ICA positive type 2 diabetes patients in Japan found that the characteristic findings in this country of “slowly progressive insulin dependent diabetes” included a late-onset, a family history of type 2 diabetes, a slow progression of β -cell failure over several years with persistently positive low-titer ICA, and incomplete β -cell loss. Similar presentations have been described in various other countries including Australia,

Finland, New Zealand, the United States, Hong Kong, Korea, China, Mexico, and Sweden. The clinical onset of LADA may be less dramatic, the clinical recognition not always easy, and a type 2 diabetes phenotype not clear-cut; as many as 50% of “non-obese type 2 diabetes” may be late-onset type 1 diabetes. The typical patient, however, is generally >35 years (age at onset 30-50 years), non-obese (lower body mass index, BMI), the diabetes is often initially controlled with diet, but within a short period (months to years), dietary control fails requiring oral agents, and progression to insulin dependency is more rapid than in antibody-negative, obese type 2 diabetes subjects. The eventual clinical features of these patients include weight-loss, ketosis-proneness, unstable blood glucose levels, and an extremely diminished C-peptide reserve; in retrospect these subjects possess additional classical features of type 1 diabetes viz., increased frequency of HLA-DR3 and -DR4, and islet-cell antibody positivity.

A major question facing the diabetes community is whether all autoantibody positive diabetes is due to the same pathophysiologic disease processes. Is autoimmune diabetes in adults due to the same underlying disease process as childhood type 1 diabetes or do some patients with autoimmune diabetes in adulthood have a distinct form of autoimmune diabetes compared to classical childhood type 1 diabetes? Some of these nomenclature issues are addressed by Palmer and Hirsch in a recent article, and phenotypically one can see at least 3 separate populations of autoimmune diabetes in adults: LADA, adult onset type 1 diabetes, and obese patients

with phenotypic type 2 diabetes who are antibody positive (type 1.5). The Immunology of Diabetes Society has recently proposed several criteria in an attempt to standardize those patients referred to as having LADA. The Immunology of Diabetes Society criteria are: patients should be ≥ 30 years of age, positive for at least one of the four antibodies commonly found in type 1 diabetic patients (ICAs and autoantibodies to GAD65, IA-2, and insulin), and are not treated with insulin within the first 6 months after diagnosis. The latter requirement is subjective and is likely to vary depending on the treating physician; it is, however, meant to distinguish LADA and type 1 diabetes occurring in patients >30 years of age. Even though there are genetic and immunological similarities between LADA and type 1 diabetes strongly suggesting that LADA, like type 1 diabetes, is an autoimmune disease, one does see important differences in the underlying autoimmune disease processes between these two diseases. In LADA diabetes occurs earlier in the β -cell-destructive process because of the greater insulin resistance. The role of obesity and the degree of insulin resistance in LADA is another area of controversy. Patients with insulin-resistance will demonstrate hyperglycemia with a lesser degree of absolute insulin deficiency compared to subjects who are insulin-sensitive. Since LADA subjects span the spectrum from lean to obese, differences in insulin sensitivity could be an important variable in their physiology.

THERAPEUTIC INTERVENTIONS AND FUTURE IMPLICATIONS

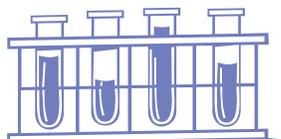
Whether or not the mechanisms of the immunological damage to and destruction of the pancreatic β -cells is same in all patients with autoimmune diabetes has important therapeutic implications. Immunomodulatory therapies, such as anti-CD3, have been identified to be efficacious in modulating the type 1 diabetes disease process. Because LADA is more common than classic childhood type 1 diabetes, it will be interesting to see whether these treatments are similarly effective in LADA.

The importance of the patient population with phenotypic type 2 diabetes but with positive autoantibody markers of type 1 diabetes needs to be emphasized. Since the prevalence of type 2 diabetes is high and is increasing rapidly, even if only 10% are LADA patients, this is a population of patients 2-3 times larger than the classical childhood type 1 diabetes patient population. Effective immunomodulatory therapy that prevents diabetes or preserves residual β -cell function in patients with autoimmune diabetes will be an important development.

These are exciting times for the fields of autoimmunity and type 1 diabetes. Translating into clinical medicine the latest findings from basic research at the cellular and molecular levels and from research in animal models is a major challenge. The National Institute of Health (NIH) and the Juvenile Diabetes Research Foundation International (JDRFI) are committed to a

large clinical trials' program with the task of testing the efficacy of immunomodulatory therapy against the human type 1 diabetes disease process. This program, termed type 1 diabetes TrialNet, consists of clinical centers in the United States, Canada, Europe, and Australia, core laboratories, a coordinating center, and a data management center. This program oversees and conducts immunomodulatory intervention trials for type 1 diabetes. Several interventions in different populations are currently being evaluated. Future clinical trials under the auspices of TrialNet, the Immune Tolerance Network, and other such organizations will continue until safe and effective immunomodulatory therapy for human type 1 diabetes is found.

As immunomodulatory therapies that slow or halt the type 1 diabetes disease process are discovered, testing these therapies in LADA will be essential. If therapies are efficacious in both type 1 diabetes and LADA, the genetic and immunological differences between the two disorders will be superfluous. But if some therapies are effective only in type 1 diabetes, or in LADA patients, this would constitute the strongest evidence for important disease process differences between type 1 diabetes and LADA, and consequently accurately diagnosing type 1 diabetes versus LADA would become clinically important. If so, providers would need to screen all type 2 diabetes patients to identify those with antibodies to offer treatment to them.



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QUESTIONS AND ANSWERS

— H. Peter Chase, MD



When my son's blood sugar is 75 before lunch, should he:

- a) Have a snack before eating to raise the sugar level first?
- b) Take his insulin and wait the usual 15 minutes prior to eating?
- c) Take his insulin and go ahead and eat his lunch? Or
- d) Eat his lunch and take the shot after eating?

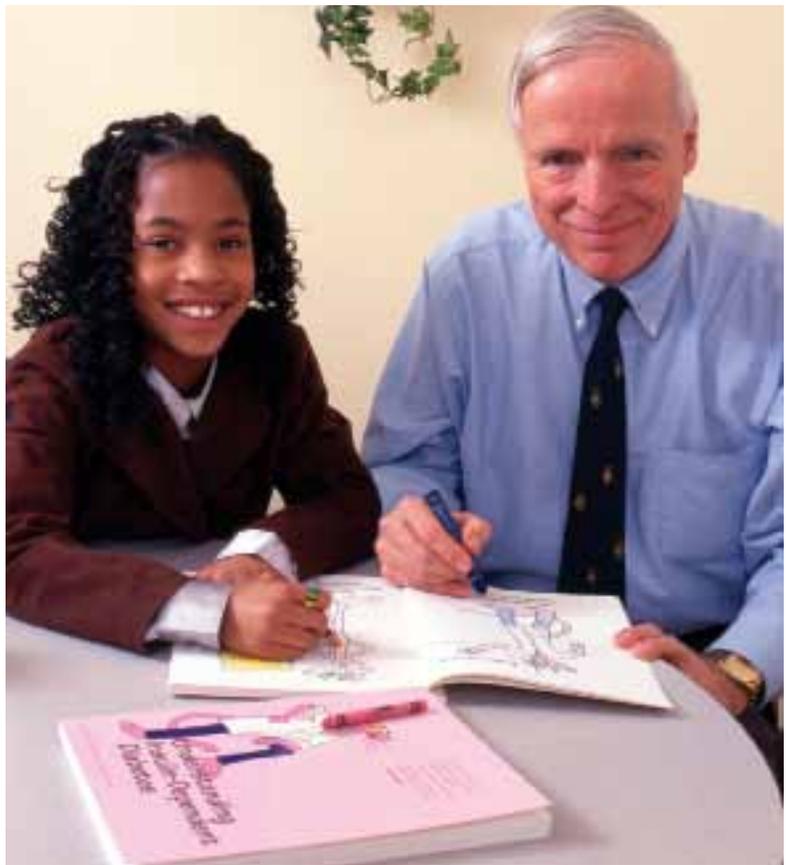


This is a good question and although I will answer it “generically”

one must consider the individual. It will be much easier to answer in the future when most people will use continuous glucose monitoring (CGM). We can then know if the glucose level is stable at 75 mg/dl, falling rapidly (requiring immediate Dextrose tablets or other sugar) or rising. The “generic” answer is:

- 1) We generally recommend the high sugar snack first when the value is below 70 (and especially when below 60 mg/dl). The person may also decide to wait for the shot after the meal.
- 2) Most people set a blood sugar level (e.g. 70 to 80 mg/dl) for taking their shot and going ahead and eating right away.
- 3) Likewise, most people have a blood sugar (e.g. >80 mg/dl) above which they know they can wait the recommended 15 minutes prior to starting to eat.

Photo: © Martin Crabb



Dr. Chase with Adrienne Bauduit during a clinic visit years ago.



What is a “basal insulin check?”



This is a term coined for insulin pump users and discussed on page 34 of our new “Insulin Pump and Continuous Glucose Monitoring” book. However, it can also apply to a person using a basal Lantus® or Levemir® insulin. It usually involves missing a meal and not exercising for a period of time to see if the insulin dose is correct. It should not be done during the time of an infection or when other factors (e.g. menses, stress) might raise the blood sugars. For example, to check basal rates from 7 am to 12 Noon (for a pump or basal insulin shot given at dinner or

bedtime), the person does not eat breakfast and then checks blood sugars every one to two hours. If the insulin dose is correct, the blood sugars remain in the correct range (70 to 150 mg/dl or 180 mg/dl for a young child). If values are high or low, the insulin dose needs to be increased or decreased. Similarly, the time between lunch and dinner can be checked (without eating lunch). The period from 6 pm to 7 am can likewise be checked without eating dinner. Obviously, a meal bolus is not taken when food is not eaten. Some care providers ask families to do basal checks at regular intervals, whereas others do it to detect suspected needs for changes in the insulin dosage. Continuous glucose monitors will make the checking easier. There is no question basal insulin checking helps in choosing the best insulin dosage.



A STAR ON THE RISE

Boulder High School student Adrienne Bauduit is finishing her senior year with amazing accomplishments. She was named a Denver Post “Top Kid” as a result of her achievements. Adrienne takes Advanced Placement classes, is student body president and is the president of the Colorado High School Activities Association student council.

She is a member of Boulder High’s Black Student Support Group, the Institute for African American Leadership and the Colorado Association of Black Professional Engineers

and Scientists. Adrienne has volunteered with the Build-a-Bear program for hospitalized children and also joined the National Student Leadership AIDS Walk on Capitol Hill in Washington, D.C. She took part in fundraisers for victims of Hurricane Katrina and the 2004 Indian Ocean tsunami.

Ms. Bauduit has won numerous scholarships and will attend Spellman College – Atlanta, GA, dual degree engineering program with Georgia Tech with a major in Biomedical Engineering. She plans to continue on to medical school.

The BDC and CDF commend Adrienne and wish her every success in her studies!

PENNIES 4 PUMPS

Fort Collins fifth grader Leah Fox is one crafty kid. After struggling with her type 1 diabetes for nearly two years, she and her family learned about the insulin pump and it has changed her quality of life for the best. However, she realized that there were other kids who didn’t have the opportunity to obtain a pump so she wanted to help them in any way she could.

Leah decided to start Dragon Fly Jewelry, making beaded bracelets, necklaces, key chains, earrings, bookmarks and anklets. 50 percent of the proceeds go into a fund that will help another child buy a pump while the rest goes towards strengthening the business.

In addition, Shepardson Elementary, Leah’s school, was looking for a charity fundraiser so the students created Pennies 4 Pumps, allowing students to bring in their loose change.

Currently, they have raised over \$4,000 and Leah’s story has spread, thanks to articles such as the one in the Fort Collins Coloradan. She recently had the opportunity to attend The Jonas Brothers concert and meet Nick Jonas, another young person who’s showing the world that type 1 diabetes won’t stop them from accomplishing their dreams.



Winners Circle



Cheri Meagher, Sharon Kamen, Gail Johnson, Susan Squyer, Kathy Crapo and Sally Newcomb



Sandy Alpert, Stephanie Bender and Bonnie Neiheisel



Helen Hanks and Dr. Eisenbarth

2008 GUILD OFFICERS INSTALLED AT ANNUAL MEETING

The Four Points Sheraton was the site of the Annual Meeting of the Guild of the Children's Diabetes Foundation on January 7th. Annual Meeting chairmen Bonnie Neiheisel and Sandy Alpert planned a wonderful brunch with a divine menu.

Helen Hanks called the meeting to order, welcoming the guests and reading a statement written by 2007 Guild President Debbie Gradishar. The president's review reported the Guild's events and accomplishments and noted the hard work of the Guild volunteers. Helen then introduced Dr. George Eisenbarth, Executive Director of the Barbara Davis Center and presented him with the annual contribution of \$20,000 for research at the Clinic and \$20,000 for the BDC.

Following the installation of officers and remarks by 2007 Guild President Sally Newcomb, the attendees turned their attention to the guest speaker, Stephanie Bender, MA. A national speaker, author of The Power of Perimenopause a Woman's Guild to Physical and Emotional Health During the Transitional Decade and the coauthor of PMS: Women Tell Women How to Control Premenstrual Syndrome, Ms. Bender is founder of Full Circle Women's Health, Inc. located in Boulder.

SALLY NEWCOMB INSTALLED AS THE 2008 GUILD PRESIDENT



It is with great pleasure and honor that I assume the position of President of the Guild of the Children's Diabetes Foundation at Denver in 2008.

I am fortunate to be following in the footsteps of Debbie Gradishar. Debbie's passion for finding a cure and supporting the programs of the Foundation and the Guild were evident in everything she did as she served as President this past year. And although she can't join us today, I would like to thank Debbie for serving as President. She is so appreciated for her work and dedication to the Guild.

I joined the Guild sixteen years ago for two reasons, first to make a small difference in this world and second for the opportunity to meet and work with the great volunteers that are so important to this organization. As with many families, my family has been touched by diabetes. My father

and brother both had diabetes. My father had type 2 diabetes while my brother had type 1 diabetes. My brother always had difficulty regulating his sugar levels. In the later years, his vision was so affected by the disease he could no longer work or drive a car. He had trouble walking and the reduced circulation to his legs caused wounds that would not heal and finally resulted in the loss of his legs. Four years ago he succumbed to the disease when his body could no longer tolerate its devastating effects.

Unfortunately, my personal experience with diabetes is not unique.

As of 2005, 7.0% of the population has diabetes, both type 1 and type 2.

JDRF estimates that 3 million Americans may have type 1 diabetes.

Each year over 15,000 children are diagnosed with diabetes. Over 40 children are diagnosed each day.

It is estimated that 6.2 million Americans have undiagnosed diabetes.

What if... we could provide the funding for research that would mean this horrible disease no longer threatened the health of children?

What if... we could provide a child with type 1 diabetes the resources to successfully manage their disease and live a normal life?

What if... we could reach out to the community and educate families on the signs of diabetes and provide resources for diagnostics and treatment?

Together we can work to make the "what ifs" a reality. The Guild supports so many important programs like educational scholarship programs for young people, Education and Awareness programs which provide information to schools, fire departments, and police departments, and most recently the bus ad campaign to bring diabetes awareness to our community. In addition, The Guild provides research and clinical needs funding to the Foundation.

This past holiday season the Holiday Family Assistance program played a major role in helping families with their needs. The need was so great this year that the Holiday Assistance program budget had to be increased. We were only able to respond to this increased demand thanks to the on-going support of our generous supporters and volunteers.

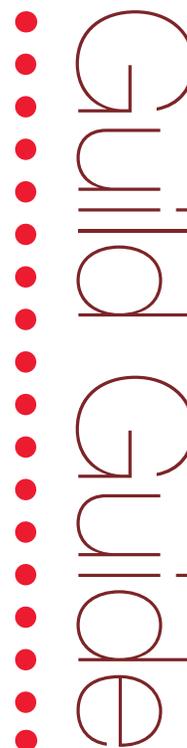
Because of you, we had the additional funds available to ensure all families in need received support. The Helping Hand program responds to the needs of families throughout the year. No family in need is turned away. The positive impact of the programs can also be seen on the smiling faces of the children that are treated to our annual fun family outings like the Halloween Party and A Day at the Rockies. These entertaining programs aim to give the children with diabetes a brief diversion from the disease that is so much a part of their lives.

In 2008, effective fundraising is critical to the ability of the Guild to continue our Programs. In addition to our normal fundraising goals, we are challenged to raise even more funds this year due the loss of funding from the Pink Panther

book sales the Guild had so long enjoyed. We will achieve this through a new fundraising strategy. First we are continuing two very successful current fundraising events, the Brass Ring Luncheon, chaired by Judy McNeil and Jewels for Hope, chaired by Jane Kranich and Carol Kaiser. Second we have established a new committee called Community Outreach. This new committee is chaired by Gretchen Pope who is already developing ideas for reaching out to the business community for assistance with our programs.

Until we can say "Remember when...there wasn't a cure for children with diabetes" I ask you "What if?" "What if... we join together to make 2008 the year we make great strides in supporting the efforts to find a cure for diabetes and deliver programs and resources to positively impact children already living with diabetes."

Thank you for allowing me to be a part of this organization. I look forward to what we will accomplish together in 2008.



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President Elect
Gail Johnson

Treasurer
Cheri Meagher

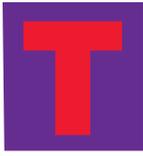
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Corresponding Secretary
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Recording Secretary
Susan Squyer

● JEWELS FOR HOPE

— Jane Kranich



These are exciting times for Jewels for Hope. Our February Event, 'Baubles,

Bubbles & Beauty' at the Grant Humphries Mansion was a huge success! The committee did an amazing job creating a lucrative, fun fundraiser that introduced a lot of new people to JFH and the Children's Diabetes Foundation. Many attendees followed up our event with donations of jewelry that was sold at our April event in Evergreen, the Women's Expo at the Denver Convention Center and at the Koelbel Library in Centennial.

As a growing committee we are proud to help support the work done at the BDC and the wonderful programs of the CDF. We sincerely thank all the people who have opened their hearts and jewelry boxes to help us in our mission.

Please visit our website where upcoming events are always posted:

www.jewelsforhope.org. To make a jewelry donation or for more information please contact info@jewelsforhope.org or Jane Kranich at 303-691-1550 or Carole Kaiser at 303-781-7381.



Chris Foster and Sally Frerichs

BAUBLES, BANGLES AND BEADS

If a Bead or a Pearl, a piece of Gold or Silver

Would help toward a cure...

Would you give from your jewelry drawer

To raise money to find a cure.

We have started Jewels for Hope

To help save our true 'Jewels'

Children who live with Diabetes.

We are asking you to give a piece of jewelry

Real or costume, it does not matter,

Someone else will treasure it knowing

It will help us toward a cure.

Now won't you reach into your Jewelry Drawer?

— by Gretchen Pope

BOOK ORDER FORM

Name _____

Address _____

City/State/Zip _____

Phone (Day) _____ Phone (Eve) _____ E-mail _____

Understanding Diabetes 11th Edition \$25 per copy Quantity _____

Managing and Preventing Diabetic Hypoglycemia (Video) \$20 per copy Quantity _____

Understanding Insulin Pumps & Continuous Glucose Monitors First Edition \$15 per copy Quantity _____

A First Book for Understanding Diabetes NEW EDITION! (English) \$10 per copy Quantity _____

Un Primer Libro Para Entender La Diabetes (Spanish, NEW EDITION!) \$10 per copy Quantity _____

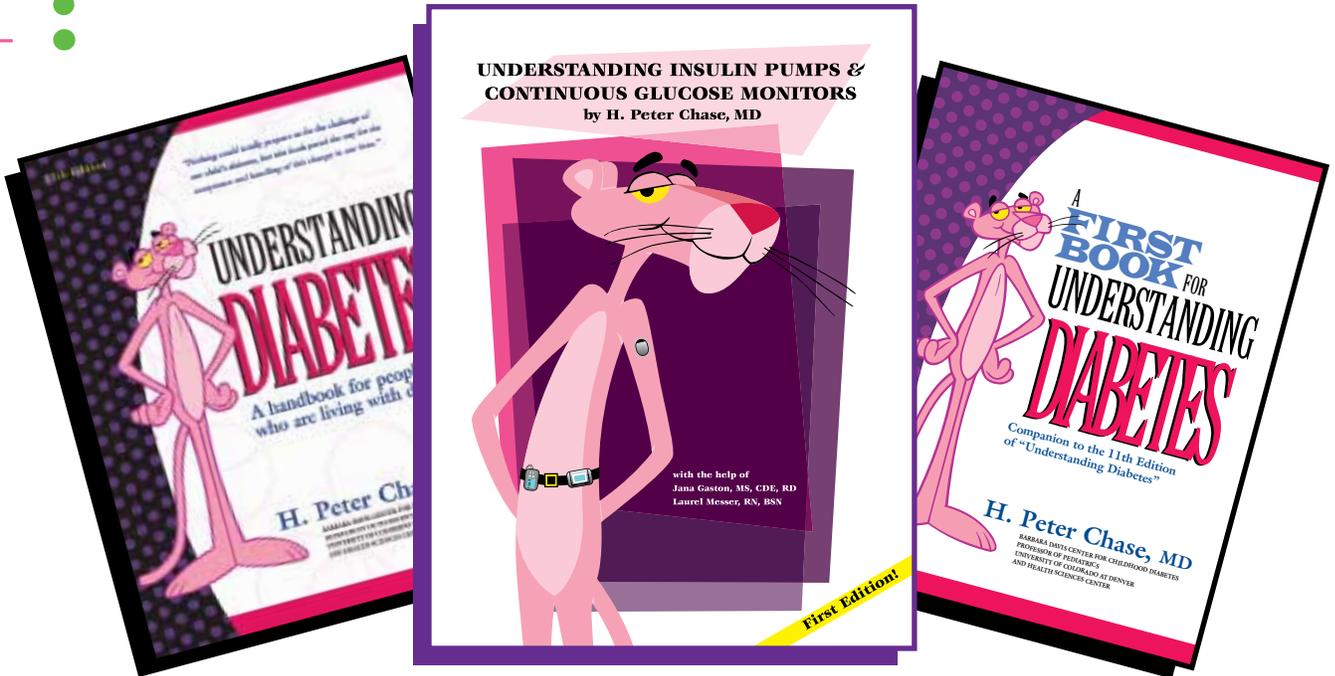
All orders must be paid in full before delivery. Costs include shipping and handling. Allow 1 to 3 weeks for delivery.

Make checks payable to: Children's Diabetes Foundation
Visa, MasterCard and Discover accepted.

Canadian and Foreign Purchasers: Please include sufficient funds to equal U.S. currency exchange rates and international postage.

For additional information call 303-863-1200 or 800-695-2873 or visit
www.ChildrensDiabetesFdn.org

Mailing address: Children's Diabetes Foundation
 777 Grant Street, Suite 302
 Denver, CO 80203

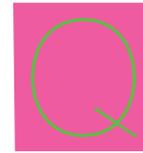


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MANY THANKS TO QUALIMAGE PRINTING IN LAKEWOOD



Qualimage Printing helped the Children's Diabetes Foundation with the stuffing of 5,000 folders for a recent mailing, saving our staff countless hours of tedious work. Located at 7800 West Jewell Ave., Unit J in Lakewood, Qualimage has been in business since 1981 and offers high-quality digital and offset printing. We appreciate all their hard work on our behalf.

BRONCO HELMET CHAIR RAISES MONEY FOR CDF



Il Ricci's Restaurant in Littleton held a football pool for a Bronco helmet chair earning \$660 for Children's Diabetes Foundation.

We would like to thank all those who bought tickets as well as Precision Sign Company in Golden for donating the custom paint and Tom's Upholstery in Morrison for the beautiful refinishing of the seat.

The winners generously donated the helmet chair to Children's Hospital where many will be able to enjoy it.

Foundation News

KEYSTONE CONFERENCE MANAGEMENT OF DIABETES IN YOUTH

JULY 12-16, 2008

Physicians & Allied Health Care Professionals:
there is still room for you to join your colleagues
at this great conference. If you can attend,
you need to call us by June 13th.

Check our website at
www.ChildrensDiabetesFdn.org
to view the conference brochure.

FAMILIES IN NEED RECEIVE SUPPLIES, A CARING SPIRIT



Three more grants awarded to the Guild of the Children's Diabetes

Foundation will provide free diabetes management supplies to less fortunate families who are patients at the Barbara Davis Center. The LibertyGives Foundation, The Boeing Company and the Walter A. and Charlotte Soule Family Foundation each gave \$10,000 to the Guild's Helping Hand program this winter.

The purpose of Helping Hand is to assist uninsured or underinsured families of the Barbara Davis Center obtain the diabetes management supplies they need to survive every day.

ENDOWED CHAIR UPDATE



The endowed chair in honor of Dr. Chase, the first (and only for the first three

years) for a full-time physician at the Barbara Davis Center, is continuing to progress. In addition to contributions from families, a portion of the sale of the Pink Panther™ books goes to the Chair. The profits from the biennial Keystone Conference for diabetes care providers also funds the Chair. Currently the fund amounts to \$1,374,563 and we are pleased that the work of Dr. Chase will continue for years to come. Donations are tax deductible.

Supplies alone, which include insulin, syringes, glucose testing strips, lancets and ketostix, can cost more than \$500 each month. Staying healthy with type 1 diabetes is a challenge for anyone, and the Helping Hand committee believes that the high cost of its care should not add to the burden.

The Helping Hand committee, comprised of 13 volunteer Guild members and two social workers from the Center, are the caring hearts of this program. The committee recognizes that while many families can apply and qualify for low-cost health plans such as Medicaid and CHP+, the need for diabetes supplies is immediate. And the cost of supplies is often not the only barrier for these families to receive the diabetes care they need. For this reason, Helping Hand provides support for groceries, utility bills and transportation costs to clinic

appointments to individual families facing particularly hard times.

The LibertyGives Foundation is the philanthropic arm of Liberty Media Corporation in Englewood, Colorado. The Foundation distributes funds annually based on employee-chosen themes to charities serving the Rocky Mountain Region.

The Denver region Employees Community Fund of The Boeing Company is an employee-owned and directed giving program that allows employees to support the needs of their local communities.

The Walter A. and Charlotte Soule Family Foundation focuses its philanthropic efforts on the areas of health and human services, medical research, animal welfare, education and the arts, and strives to carry on the charitable legacy of its founders, Walter and Charlotte Soule.

ENDOWED CHAIR FOR THE CLINICAL DIRECTOR AT THE BDC

Name _____

Address _____

City _____ State _____ Zip _____

Amount _____

Gift in Honor of:

Name _____

Address _____

City _____ State _____ Zip _____

Amount _____

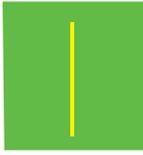
Additional copies desired _____
(Make checks payable to "Chase Endowment Fund")

Please return your contribution with this form to:

Children's Diabetes Foundation
777 Grant Street, Ste 302
Denver, CO 80203

● **READY, SET, GO!**

— Gail Spiegel, MS RD CDE



It's that time of year again. The days are getting longer and the weather is getting

warmer and everyone wants to be outside. With warmer weather and longer days comes more activity for everyone. When you have diabetes, you need to think about the adjustments you might have to make for extra activity. Whether it's playing organized sports or just goofing around outside, exercise can lead to erratic blood sugars.

● **Effects of Exercise on Blood Sugar**

● **Low Blood Sugars**

Most people experience a drop in blood sugar from exercise. In order to manage your blood sugars, it's important to understand how and why your blood sugar may drop from exercise. During exercise your muscles use glucose for their fuel. Glucose enters the muscle cells through receptors. Insulin is the key to opening the glucose receptors. When you exercise, the receptors on your cells become more sensitive to insulin, which allows glucose to enter the muscle cells more quickly. Because of the

increased sensitivity, your blood sugar can get low if you don't make a change in insulin or eat or drink extra carbohydrates. The effects of exercise can last for many hours after the activity has ended. You can see a drop in blood sugar up to 12 to 24 hours later. Here you will find some tips on how to prevent low blood sugars during or after exercise.

● **High Blood Sugars**

While exercise usually causes a drop in blood sugar, it can also cause blood sugars to rise. Blood sugars can rise after exercise if you don't have enough insulin around before you start exercising when your blood sugar is already high. Because of the lack of insulin, the glucose will remain in the blood stream instead of being taken up by the muscle cells. Also, adrenaline can be released during exercise and that causes the liver to release glucose to the blood stream. As a result the blood sugar rises and you can have a higher blood sugar at the end of exercise than you did at the beginning. If your blood sugar is consistently running >300 and you wish to exercise, talk with your health care provider about getting your blood sugars in better control before starting an exercise program.

● **Tips for Preventing Low Blood Sugars**

● **Testing, Testing, Testing!**

Since exercise affects each person differently, the most important and helpful tool in managing exercise and blood sugars is testing. We recommend that you test your blood sugar before, during (if of long duration) and after exercise to determine how exercise affects you and how your adjustments in carbohydrates and insulin are working. Keeping records is also an important tool in helping you see your patterns and know what adjustments to make for future exercise of the same type.

● **Extra Carbohydrates**

Do you always need extra carbohydrates for exercise? Well that depends on a number of factors. These factors include the duration of the activity, the intensity of the workout, the time and size of your last meal or snack and the type of exercise you do. If the activity is long in duration (30 minutes or more), you will usually need extra carbohydrates. If the activity is strenuous (running, cycling, soccer, football, hockey, basketball or skiing) you will need extra carbohydrates. If you recently ate a larger meal or snack than usual, needing an extra snack will depend on the exercise length and intensity. Below is a chart that can help you with carbohydrate adjustments for exercise. Remember though, that everybody reacts to exercise

If your blood sugar is:	For 1 st hour of exercise:	For 2 nd hour of exercise:	After exercise:
less than 100 mg/dl	30-45 gm carb	15-30 gm carb	15 gm carb
100 mg/dl-180 mg/dl	15-30 gm carb	15-30 gm carb	see below
180 mg/dl-250 gm/dl	0-15 gm carb	15 gm carb	see below
greater than 250 mg/dl	check ketones*		

*If small to large ketones are present, do not exercise. Contact your health care provider.

KANGAROO PITA POCKETS

INGREDIENTS:

Whole pita bread, cut in half
 2-6" lettuce leaves
 ½ cup grated carrot
 2 tablespoons peanut butter
 1 tablespoon raisins
 1 tablespoon sunflower seeds
 ½ Jonathan apple, chopped

DIRECTIONS:

Line each pita half with lettuce leaf. Mix all remaining ingredients and divide into two equal portions. Stuff each pita pocket with one portion of filling.

NUTRITION INFORMATION:

Makes two sandwiches
 Portion: 1 sandwich
 Carbohydrate: 25 grams
 Protein: 7 grams
 Fat: 5 grams

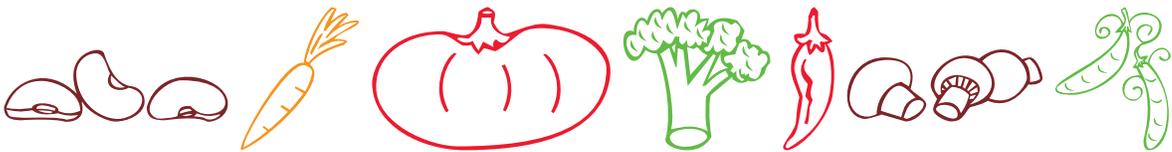


Photo: © kentmeireisphotography.com

VEGGIE PIZZA

INGREDIENTS:

1 thin Boboli pizza crust
 ¼ cup pizza sauce
 2 cups fat-free mozzarella cheese
 veggies as desired

DIRECTIONS:

Preheat oven to 450 degrees. Place pizza crust on cookie sheet or in pizza pan. Top with sauce, spread evenly over surface. Sprinkle fat-free cheese over pizza and top with veggies, slice very thin (try green pepper, mushrooms, tomato, onion and black olives). Bake in preheated oven for approximately 10 minutes or until cheese begins to bubble and brown slightly. Remove from oven and cut into 8 pieces.

NUTRITION INFORMATION:

Number of servings: 4
 Serving size: 2 pieces
 Calories per serving: 285
 Carbohydrate: 35 grams
 Protein: 26 grams
 Fat: 4.5 grams

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If you would like to submit an article or a letter to Newsnotes send information to:

Children's Diabetes Foundation at Denver
777 Grant Street, Suite 302
Denver, CO 80203

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Editors

Know the symptoms of Childhood Diabetes:

- Loss of weight
- Extreme thirst
- Excessive irritability
- Frequent urination
- Bedwetting (previously controlled)



Printed on recycled paper

A child reaching for the brass ring on a carousel is symbolic of the most important goal of the Children's Diabetes Foundation — a cure. Your contribution on behalf of a loved one will make a difference. It will support treatment programs to assist children with diabetes in leading healthier lives and it will fund research to help CDF "Catch the Brass Ring" by finding a cure.

Mark an anniversary, birthday, special occasion; express appreciation or make a memorial tribute in honor of someone special with a contribution — for any amount — to the Children's Diabetes Foundation at Denver. We now accept gifts online.

Donations are tax deductible.
Tax ID #84-0745008

The Brass Ring Fund

Remember a loved one — Help CDF "Catch the Brass Ring"

Enclosed is my contribution of \$ _____
In memory of _____
Or in honor of _____
Occasion _____
Please send acknowledgements to:
(Amount of gift will not be mentioned)
Name _____
Address _____
City _____ State _____ Zip _____
From _____
Name _____
Address _____
City _____ State _____ Zip _____



Children's Diabetes Foundation at Denver, Colorado
777 Grant Street, Suite 302, Denver, CO 80203
303-863-1200, 800-695-2873, www.ChildrensDiabetesFdn.org

BARBARA DAVIS CENTER AT FITZSIMONS

DONOR WALL

Is your child a patient at the Barbara Davis Center? Are you a patient at the Barbara Davis Center? Do you have a special interest in diabetes?

This is an opportunity for you, your family and your friends to have a presence at the new facility by purchasing a place on the donor wall — a lasting symbol of your support. Help Us Catch the Brass Ring — a Cure for Diabetes.

FUNDING OPPORTUNITIES:

LEVEL 1 \$50,000 and above

LEVEL 2 \$30,000 to \$49,999

LEVEL 3 \$10,000 to \$29,999

LEVEL 4 \$1,000 to \$9,999

LEVEL 5 \$100 to \$999

DONOR WALL FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Amount \$ _____

(Name as you wish it to appear on donor wall)

Make check payable to Children's Diabetes Foundation or

Visa Mastercard American Express

Name on card _____

Card# _____

Mail payment to:

Children's Diabetes Foundation — Donor Wall

777 Grant St., Ste. 302

Denver, CO 80203



Children's Diabetes Foundation
at Denver, Colorado
777 Grant Street, Suite 302
Denver, CO 80203

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