



*Support me as I participate in the 2016
Walk to End Lupus Now!*

Walker Information:

Walker's Name: _____

Team Name: _____

Walker's Email Address: _____

Donor Information:

- Yes! I will make a contribution to help the Lupus Foundation of America, Georgia Chapter.
\$500 \$250 \$100 \$50 \$25 Other amount: _____

Donor name _____

Address _____

City _____ State/Province _____ Zip/Postal code _____

Phone number _____

Email address _____

I would like more information about lupus and the Georgia Chapter.

- Please add my name to your mailing list.
 Please add my email address to your email list.

Thank you for your generous contribution!

Please make your checks payable to Lupus Foundation of America, Georgia Chapter.

Mail your check and this form to:

Lupus Foundation of America, Georgia Chapter

1850 Lake Park Drive, Suite 101

Smyrna, GA 30080