

Sign up *now!*



Name: _____

Address: _____

City, State, Zip: _____

Phone (Day): _____

Phone (Evening): _____

Email: _____

I would like to show my support for the Walk for Lupus Now by:

- Starting a team
- Joining a team
- Walking as an individual
- Participating as a sponsor
- Making a donation of \$ _____

PLEASE MAKE YOUR CHECK PAYABLE TO THE LUPUS FOUNDATION OF AMERICA AND MAIL TO
1800 LAKE PARK DR, SUITE 101, SMYRNA, GA 30080

