



## Question Mark Donation Pad Agreement

The intent of this agreement form is to take inventory of our pads and to measure the success of this program initiative. In addition, please return any unused pads for future volunteers. Please fax or email this form back to Erin Forsell at 770.333.5932 or [eforsell@lfaga.org](mailto:eforsell@lfaga.org). Thank you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Please answer the following questions:**

How many pads do you need? \_\_\_\_\_

How do you intend to use them (the community, build company support, etc.)?  
\_\_\_\_\_

### **Please read below and sign.**

I \_\_\_\_\_ understand that the purpose of the pads is to raise funds and awareness for the Georgia Chapter's Walk to End Lupus Now. I am responsible for mailing cash and checks to the office to be posted on my page or team's page. I also agree to return unused pads to the Chapter.

### **Post Walk**

We will contact you to by email or phone to evaluate the success of this foundation for future walks and chapter events.