

DONATE TODAY



DONOR INFORMATION

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Employer _____

Title _____

My employer will match my donation

Send me information on getting my company involved

What is your connection to lupus? _____

Walker's Name: _____

Walk Location: _____

PAYMENT INFORMATION

\$200

\$100

\$75

\$50

Other Amount: _____

Check Enclosed *(make checks payable to Lupus Society of Illinois or LSI)*

Please charge my credit card \$ _____

Visa

MasterCard

Discover

AMX

Name on Card _____

Card # _____

Exp Date _____

CRV # _____

(3 digits on back of card)

Signature _____

PLEASE RETURN THIS FORM TO:

Lupus Society of Illinois

411 S. Wells St, Ste 710

Chicago, IL 60607

P: 312.542.0002 • F: 312.255.8020

mary@lupusil.org