



28 West 44th Street, Suite 501 • New York, NY 10036

Remember to...

1. Make all checks payable to **Alliance for Lupus Research**.
2. Include your walker ID # on the memo line of your check.
3. Don't forget you can post your donations online using your personal web page at walk.lupusresearch.org

For more information please call our Walk hotline at: 1-866-WALK-ALR (925-5257) or email your questions to walks@lupusresearch.org

100% of all donations go towards lupus research

GENERAL INFORMATION

Title Mr. Ms. Mrs.

First Name _____ Middle Initial _____

Last Name _____

WALKER STATUS

Individual Walker Virtual Walker Volunteer

Team Name _____

Team Captain _____

HOME INFORMATION (required)

Email _____
For email communication from the Alliance for Lupus Research

Address _____

City/Town _____

State _____ ZIP code _____ Apt# _____

Phone # _____

PERSONAL INFORMATION

Age Adult Child Sex M F T-shirt size My company has a matching gift program Y N

I have lupus.

A member of my family has lupus.

A friend or friend's family is touched by lupus.

I work professionally with those touched by lupus.

NAME ADDRESS EMAIL MATCHING GIFT (Y/N) CK#/CASH AMOUNT

| | NAME | ADDRESS | EMAIL | MATCHING GIFT (Y/N) | CK#/CASH | AMOUNT |
|-----|------------|-------------------------------|----------------|---------------------|--------------|--------|
| 1. | John Smith | 123 Street, Anytown, NY 11111 | Jsmith@aol.com | Y | check # 1151 | \$50 |
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Do not include online donations.
All walkers are encouraged to collect their sponsors' donations in advance and bring them to the Walk in this envelope form. Walkers are also encouraged to convert all cash into one check.
Your cancelled check serves as a receipt.

| | |
|--|-----------------|
| AMOUNT OF MONEY BEING MATCHED BY COMPANY/S (Please enclose necessary forms and information) | \$ _____ |
| TOTAL AMOUNT OF MONEY ENCLOSED | \$ _____ |