



Annual Supporter Form

_____ **Please renew my annual support** to the Lupus Foundation of America, Piedmont Chapter, Inc. so that I may receive the national *Lupus Now* magazine, the chapter newsletter, and be kept informed of important programs and research. I understand my tax-deductible contribution will help provide services for lupus patients and assist in the search for a cure.

_____ **I wish to become an annual supporter** to the Lupus Foundation of America, Piedmont Chapter, Inc. so that I may receive the national *Lupus Now* magazine, the chapter newsletter, and be kept informed of important programs and research. I understand my tax-deductible contribution will help provide services for lupus patients and assist in the search for a cure.

Please check annual support level or category that applies:

- \$30 Individual
- \$50 Family
- \$100 Sustaining
- \$250 Patron
- \$500 Butterfly
- I am unable to pay at this time and would like a courtesy support level.
- I do not wish to become a member at this time, but am enclosing a donation to the chapter in the amount of \$ _____.

Date: ____/____/____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Day _____ Evening _____

E-mail: _____

Please complete form and mail back immediately in the enclosed return envelope to:

Lupus Foundation of America, Piedmont Chapter, Inc.
PO Box 2414
Matthews, North Carolina 28106
Ph: 704-849-8271, ext. 222
lupusinfo@windstream.net

The Lupus Foundation of America, Piedmont Chapter, Inc. is a 501 (c) 3 non-profit, tax-exempt organization (Tax ID: 56-1487119.)