

I want to become a member of the Lupus Foundation of America, Indiana Chapter!

Please accept my tax-deductible contribution for membership.

Select one.

Individual member, \$25

Friend, up to \$100

Sponsor, up to \$500

Patron, up to \$1,000

Benefactor, over \$1,000

I am unable to contribute at this time but would like to be a member.

I would like to volunteer.

I am interested in serving on the LFA's Advisory Council.

I am interested in serving on the LFA's Medical Professional Council.

I am a: patient family member physician other _____

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

Please return this form and check made payable to LFA, Indiana Chapter.

Lupus Foundation of America, Indiana Chapter
P.O. Box 2763, Portage, Indiana 46368
Call the office toll free in Indiana at (800) 948-8806.
www.lupusindiana.org

