

Help Us Solve
The Cruel Mystery

LUPUSTM

FOUNDATION OF AMERICA
GREATER OHIO CHAPTER

DONATION FORM

In Memory of In Honor of

The enclosed gift is made in the name of: _____

Amount enclosed: \$25 \$50 \$100 \$500 Other _____

Please acknowledge the family the honoree: _____

Address of party to be acknowledged _____

City, State, Zip _____

A notification will be sent to the above address.

The gift is made by: _____

Address: _____

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Phone Number: _____

Contributions are tax deductible

Checks should be made payable to the Lupus Foundation of America, GOC
and sent to 12930 Chippewa Rd., Brecksville, OH 44141