

I WANT TO SUPPORT THE Next Breakthrough!



Yes! I want to become a member and support the Lupus Foundation of America, Greater Ohio Chapter's research, education, awareness, and advocacy programs.

Please check the appropriate Boxes:

- Membership \$25 Lifetime membership \$200 or more
- Courtesy membership for those with financial hardship
- My company will match my gift. Form enclosed.
- I cannot become a member at this time. Please accept my donation of \$_____
- Enclosed is my check, payable to the Lupus Foundation of America, Greater Ohio Chapter, for \$_____
- Please charge my credit card for the amount of \$_____
- Visa MasterCard Discover

CARDHOLDER'S NAME (PLEASE PRINT)		
CARDHOLDER'S SIGNATURE (REQUIRED)		
CARD NUMBER	EXPIRATION DATE	
NAME		
ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE	EMAIL	

**Join in
our
efforts**

**SUZANNE TIERNEY
CEO & President**

Lupus Foundation of America,
Greater Ohio Chapter Inc.
12930 Chippewa Rd.
Brecksville, OH 44141

I am interested in other ways to support the LFA, GOC, please send me information about:

- Including the LFA, GOC in my estate plans
- Making a monthly donation
- Making an honorary or memorial donation
- Walk for Lupus Now®* fundraising

I want to join the LFA in its efforts to fund lupus research, raise awareness, and conduct education programs.

- I am: (optional)**
- A person living with lupus
 - A family member/friend of someone with lupus
 - A healthcare professional
 - Other

I am interested in learning more about:

- Local programs and services
- Lupus symptoms, diagnosis and treatment
- Lupus Now®* magazine
- Local clinical trials
- Becoming a lupus advocate
- Sharing my story to help raise awareness of lupus
- Volunteering

LEADING FUNDING ADVOCATING