

# 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.

## Membership Type

- Individual Membership - \$25
- Lifetime Membership - \$200
- Courtesy Membership (pending approval)
- I cannot become a member at this time. Please accept my donation of \$\_\_\_\_\_

## Payment Type

- Enclosed is my check for \$\_\_\_\_\_ payable to "Lupus Foundation of America, GOC"
- My company will match my gift. Form from my company is enclosed.
- Please charge my credit card for the amount of \$\_\_\_\_\_

## Credit Card Information

- Visa  Mastercard  Discover

Cardholder's Name (Please Print)

Card Number

Expiration Date

CVV Number

Name

Birthday (xx/xx/xxx)

Address

City

State

Zip

Daytime Phone

Email

**Join in  
our  
Efforts!**

**Suzanne Tierney**  
CEO & President

Lupus Foundation of  
America, GOC  
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 To End Lupus Now*<sup>TM</sup> fundraising

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

I am: (optional)

- Living with lupus
- A family member/ friend of someone living with lupus
- A healthcare professional
- Other

I am interested in learning more about:

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

LEADING FUNDING ADVOCATING