

# WALK TO END LUPUS NOW<sup>®</sup>

## In-Kind Donor Confirmation Form

DONOR/COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### IN KIND DONATION DETAILS

I/We will donate the following products/ services:

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The fair market value of this donation is:

\$ \_\_\_\_\_

\*Printing deadlines vary. Donors will be recognized and acknowledged accordingly.

Please mail or email this form to:  
Lupus Foundation of America, Greater Ohio Chapter  
12930 Chippewa Rd  
Brecksville, OH 44141  
Attn: Victoria Hornikel

Email:  
victoria@lupusgreaterohio.org  
Phone: (440) 717-0183  
TAX ID: 34-122940