



WALK TO END LUPUS NOW TEXAS GULF COAST OFFLINE DONATION FORM

Help Us Solve
The Cruel Mystery
LUPUS[™]
FOUNDATION OF AMERICA

☐ Edinburg

☐ Beaumont

☐ Corpus Christi

☐ Houston

INSTRUCTIONS

Make all checks payable to the Lupus Foundation of America.

On the list below, do not include online donations. All walkers are encouraged to collect their sponsors' donations in advance and to bring them to the Walk in this envelope.

(PLEASE CONVERT ALL CASH INTO ONE CHECK IF POSSIBLE).

PRIZES

Premium prizes are awarded to top fundraisers who raise \$250 or more.

PARTICIPANT WAIVER AND PERMISSION (REQUIRED)

I and my minor child (if any) agree: (1) we are participating voluntarily in, and could become ill or injured due to physical activity associated with, this event, and (2) for the privilege of participation, to release and forever discharge Lupus Foundation of America (LFA), its chapters, and their respective officers, employees, and agents (together "LFA Parties") from any and all claims and liabilities whatsoever that I or my child might sustain from participation; to indemnify and hold harmless LFA Parties from all cost, expense, and liability arising out of participation; to waive all claims for damage or loss to me or my child's person or property which may be caused by an act or omission of LFA Parties arising directly or indirectly from participation; to assume all liability for any injury, loss of life, or loss or damage to personal property from participation caused by me or my child; and to grant irrevocable full permission to LFA and/or its Chapters to use my or my child's name/likeness in all media, including photos, videos, film, website, or other event records where I/we may appear.

Signature of Participant
(Parent/Guardian if under 18 years of age)

Date

PERSONAL INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs.

FIRST NAME

LAST NAME

EMAIL

ADDRESS

CITY

STATE

ZIP

PHONE

WALKER STATUS

☐ Individual Walker ☐ Team Captain ☐ Team Member

☐ Virtual Walker ☐ Volunteer

TEAM NAME

TEAM CAPTAIN

☐ Adult ☐ Child ☐ Male ☐ Female

☐ I have lupus.

☐ A family member has lupus.

☐ A friend or friend's family is touched by lupus.

☐ I work professionally with those touched by lupus.

☐ My company has a matching gift program (Please enclose necessary forms and information).

NAME	ADDRESS	EMAIL	MATCHING GIFT (Y/N)	CH#	AMOUNT
CHECKS					
TOTAL CHECK DONATIONS					\$
CASH					
TOTAL CASH DONATIONS					\$
AMOUNT DONATED BY COMPANY MATCHING GIFT PROGRAM(S)					\$
TOTAL AMOUNT ENCLOSED					