



Memory of Honor of Honoree Names

The enclosed gift is made in person's name: _____

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

Please acknowledge: the family the honoree: _____

Their address: _____

City/ State/ Zip: _____

A NOTICATION WILL BE SENT TO THE ADDRESS

The gift is made by: _____

Address: _____

City/State/Zip: _____

Contributions are tax deductible

Checks should be made payable to Lupus Foundation of America Greater Cleveland Chapter or (LFAGCC)

12930 Chippewa Rd. Brecksville, Ohio 44141 (440) 717-0183 1-888-NO-LUPUS