



PLEDGE FORM

Help us reach our 2009 goal of making this the most successful Lupus Loop ever! Collect pledges from your sponsors to bring to the Loop or mail to our office, or you can use our online fundraising tools. ALL donations must be turned in the day of the event to qualify for awards. **Please make checks payable to the Lupus Foundation of America and mail to 500 Old York Road, Suite 110, Jenkintown, PA 19046.** For more forms, feel free to copy or visit www.lupusloop.org or call 215-517-5070 or toll-free in PA, NJ & DE at 866-517-5070. Registration may be faxed to 215-517-8483.

Participant's Name _____

Address _____

City/State/Zip _____

Home () _____ Work () _____ Email _____

Individual Registration _____ Team Name _____

(Team name must appear to receive proper credit!)

	Sponsor's Name / Address	Check / Cash	Amount Received
1	<i>My Contribution</i>	<input type="checkbox"/> <input type="checkbox"/>	\$
2		<input type="checkbox"/> <input type="checkbox"/>	\$
3		<input type="checkbox"/> <input type="checkbox"/>	\$
4		<input type="checkbox"/> <input type="checkbox"/>	\$
5		<input type="checkbox"/> <input type="checkbox"/>	\$
6		<input type="checkbox"/> <input type="checkbox"/>	\$
7		<input type="checkbox"/> <input type="checkbox"/>	\$
8		<input type="checkbox"/> <input type="checkbox"/>	\$
9		<input type="checkbox"/> <input type="checkbox"/>	\$
10		<input type="checkbox"/> <input type="checkbox"/>	\$
11		<input type="checkbox"/> <input type="checkbox"/>	\$
12		<input type="checkbox"/> <input type="checkbox"/>	\$
13		<input type="checkbox"/> <input type="checkbox"/>	\$
14		<input type="checkbox"/> <input type="checkbox"/>	\$
15		<input type="checkbox"/> <input type="checkbox"/>	\$
16		<input type="checkbox"/> <input type="checkbox"/>	\$
17		<input type="checkbox"/> <input type="checkbox"/>	\$
Grand Total			\$