## Pre-Walk Donation Summary Form #2

Use this form to accompany team donations being mailed in before the Walk. Please include a Contribution Tracking Form for each individual Team Member submitting Donations below, so we can properly acknowledge all donors.

## SUGGESTED MAIL-BY DATE MONDAY, MAY 7TH

Remember to fill out the Course Marker Sign Request Form on the back!

Team Name		
Team Captain	OFFICE USE ONLY	
·	Approved in DD Date	
Please Check If Applicable:I posted some/all of the enclosed checks/ cash donations on our team website at walktoendlupusnowcpa.org. Total amoun team member.	t posted \$ Specify for each	

A copy of this form should be attached to all donations mailed in to the Chapter Office prior to Walk Day. Three (3) forms are included for your convenience, with suggested mail by dates.

Mail to: Lupus Foundation of America, 101 Greenwood Avenue, Suite 200, Jenkintown, PA 19046

Team Member Name	Reg. Form Attached?	Donation Checks	Donation Cash	Posted Online?
1.	☐ Yes ☐No	\$	\$	□ Yes □No
2.	☐ Yes ☐No	\$	\$	□ Yes □No
3.	□ Yes □No	\$	\$	☐ Yes ☐No
4.	☐ Yes ☐No	\$	\$	□ Yes □No
5.	☐ Yes ☐No	\$	\$	□ Yes □No
6.	☐ Yes ☐No	\$	\$	□ Yes □No
7.	☐ Yes ☐No	\$	\$	□ Yes □No
8.	☐ Yes ☐No	\$	\$	□ Yes □No
9.	☐ Yes ☐No	\$	\$	□ Yes □No
10.	☐ Yes ☐No	\$	\$	□ Yes □No
11.	☐ Yes ☐No	\$	\$	□ Yes □No
12.	☐ Yes ☐No	\$	\$	□ Yes □No
13.	☐ Yes ☐No	\$	\$	□ Yes □No
14.	☐ Yes ☐No	\$	\$	□ Yes □No
15.	☐ Yes ☐No	\$	\$	□ Yes □No
16.	☐ Yes ☐No	\$	\$	□ Yes □No
17.	☐ Yes ☐No	\$	\$	☐ Yes ☐No
18.	☐ Yes ☐No	\$	\$	□ Yes □No
19.	☐ Yes ☐No	\$	\$	☐ Yes ☐No
20.	☐ Yes ☐No	\$	\$	□ Yes □No
	TOTALS	\$	\$	
GRAND TOTAL	CASH & CHECKS	\$		

## Course Marker Sign Request Form 1st CALL: APRIL 9, 2018

2nd CALL: MAY 7, 2018

\*You can now complete this form online at walktoendlupusnowcpa.org\*

Team Name (if applicab	le):
Name:	Date:
Phone:	Email:
Reminders:	
• 1 sign is earned per \$3	250 raised as an individual or team
Teams automatically	receive a Team Sign that is printed with the Team Name
• Each sign may have d	ifferent wordage (please specify below)
• This form may be pho	tocopied if necessary
	ns (up to your fundraising goal); however, only the total number of signs earned by 04/11/16 at 5pn will be printed in the order listed below, starting with "A".
Total Signs Earned #_	(Leave blank if "pre-ordering.")
Sign A:	
How many of your total si	gns should be printed with Sign A design? #
•	
	gns should be printed with Sign B design? #
•	gns should be printed with Sign C design? #
How many of your total si	gns should be printed with Sign D design? #
Sign E:	
How many of your total si	gns should be printed with Sign E design? #
Sign F:	
How many of your total si	gns should be printed with Sign F design? #

Email: info@lupustristate.org Fax: 215-517-8483

Mail: Walk to End Lupus Now, 101 Greenwood Avenue, Suite 200, Jenkintown, PA 19046 Questions? Contact the Chapter Office at 866-517-5070 or info@lupustristate.org