



Team Fundraiser Application

Thank you and your team for your outstanding fundraising efforts!

The Lupus Foundation of America, Philadelphia Tri-State Chapter is more than happy to assist you with your upcoming Team Fundraiser. Please complete the application below and return to the Chapter office by mail or email (info@lupustristate.org).

101 Greenwood Avenue, Suite 200, Jenkintown, PA 19046

Walk location: ___Harrisburg ___ Ocean City ___ Wilmington ___ Philadelphia

CONTACT INFORMATION

Name_____ Team Name_____

Address_____

City_____ State_____ Zip_____

Email_____ Phone_____ Fax_____

EVENT INFORMATION

Event Name_____ Fundraising Goal_____

Event Description _____

Event Location and Address_____

Date_____ Rain Date (if an outdoor event)_____

Start Time_____ Estimated End Time_____

Additional Information_____

SPECIAL REQUESTS

- YES, please post my fundraiser on the Chapter website
 - I would like a representative from the Chapter at my event
 - Please send me a solicitation letter for event donations
 - Please mail me educational materials (indicate anticipated number of guests)_____
 - Please mail me wristbands (indicate number requested per size) Adult_____ Youth_____
- NOTE:** Minimum retail price is \$1. You are responsible to payback \$1 per wristband sold or kept, minus the first 30, and return wristbands that are not paid for or sold. First 30 wristbands are FREE as a thank you!
- Other (please describe)_____

Applicant Signature _____

Date _____

Staff Signature _____

Date _____

Logo Sent / Approved (internal use only)