MAKE YOUR MARK™ for Lupus Foundation of America

2026 Northwest Neveda Walk

to benefit the

Lupus Foundation of America, Inc.

CONTRIBUTION FORM

INSTRUCTIONS

Make all checks payable to the Lupus Foundation of America.

All walkers are encouraged to collect their sponsors' donations in advance and to bring them to the walk. (Please convert all cash into one check)

PRIZES

Participants raising $25+ will receive a walk t-shirt. Premium prizes awarded to top fundraisers.

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

WALK LOCATION _____

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	$